

Name
in
Full

Victoria Ackerson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

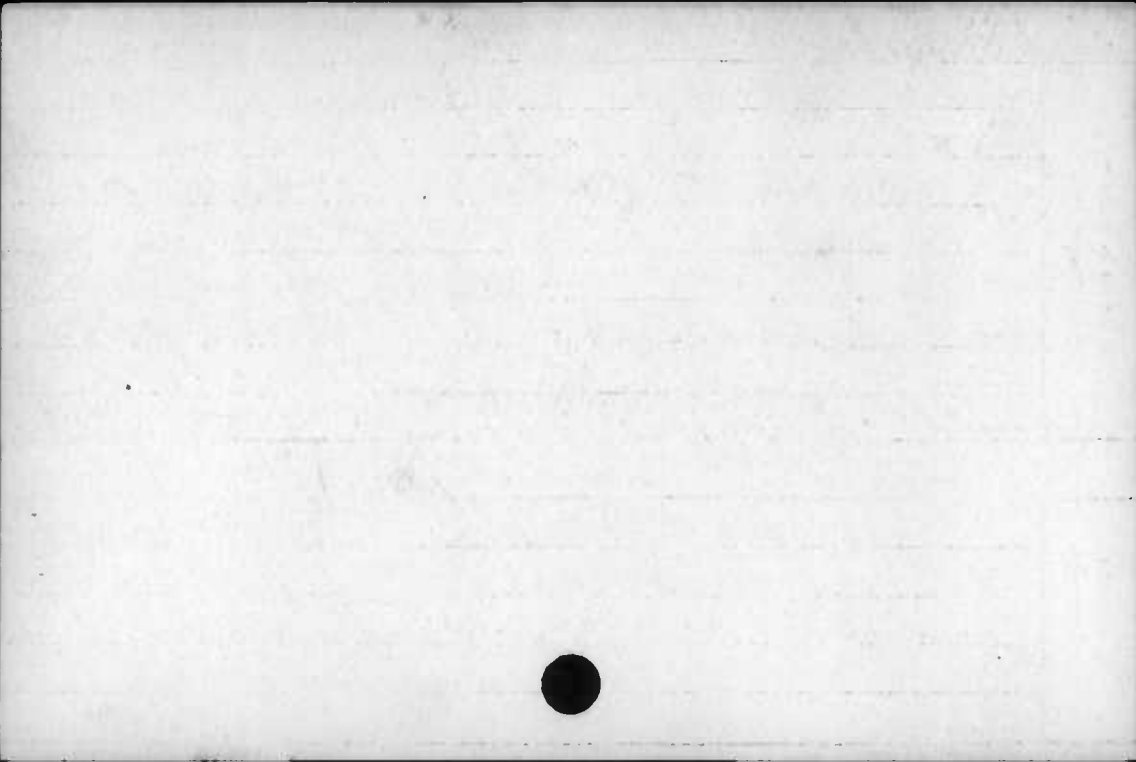
Died at <i>Not Hope Retreat</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death	1909	Month	June	Day	26
Age	60	Years		Months	Not Known
Sex	Female	Color or Race	White	Birth-place	Balto Md.
Occupation	None		Where Residing if not at place of death <i>Baltimore</i>		
Married, Single or Widowed	Widow		Name of Wife or Husband <i>Not Known</i>		
Father's Name	<i>Not Known</i>			Father's Birthplace	<i>Not Known</i>
Mother's Maiden Name	" "			Mother's Birthplace	" "
Name of person giving information	<i>Reeds Not Hope</i>			How related to deceased	<i>Not at all</i>

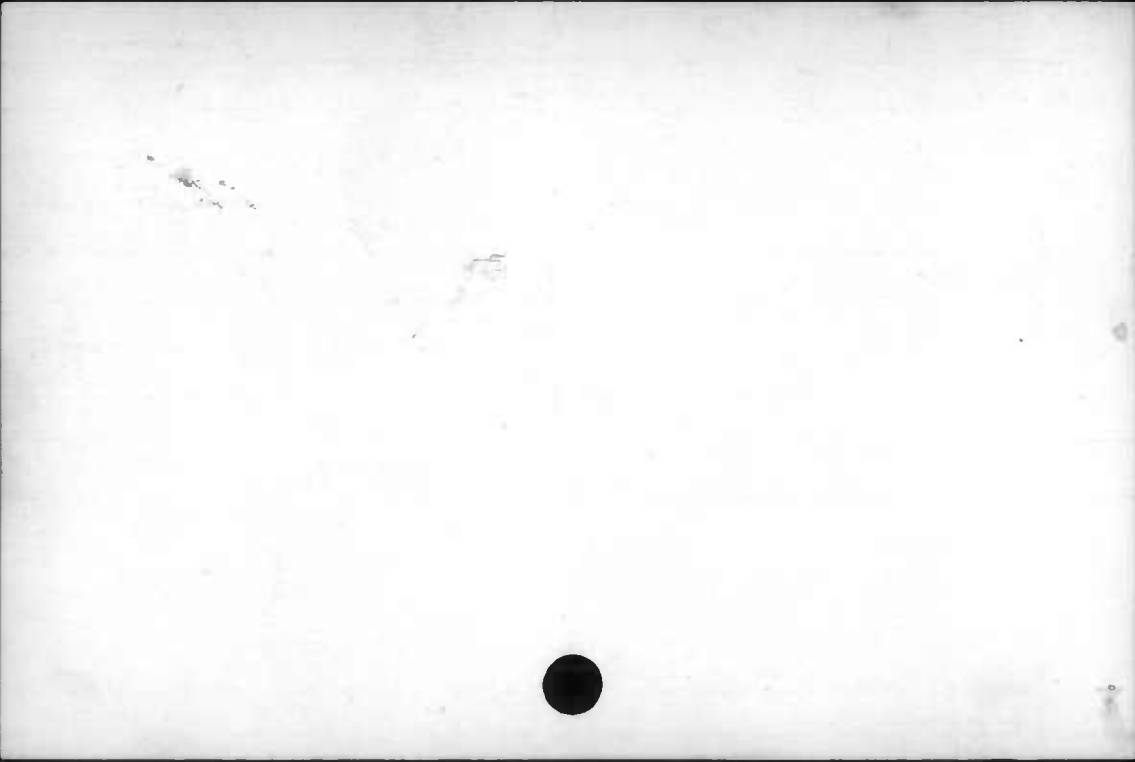
CAUSES OF DEATH

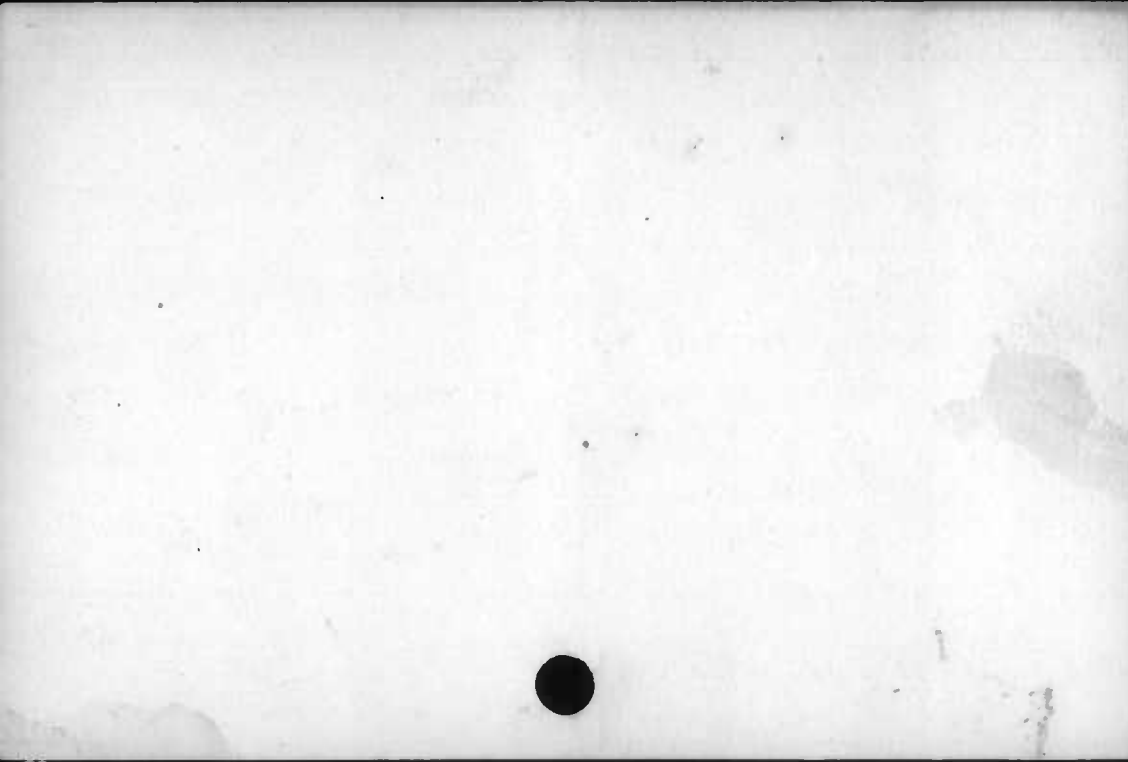
(69)

PHYSICIAN
OR CORONER

Primary	<i>Epileptic Mania</i>	How long	<i>Over 30 yrs</i>
Immediate	<i>Ex. Status Epilepticus</i>	How long	<i>5 or 6 days</i>
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		<i>Frank J. Flannery</i>	
Address		<i>Not Hope Retreat</i>	
		<i>Not Hope Md</i>	
Accident or Suicide? <i>2</i>			







Name
in
Full

Henry Amos

CERTIFICATE OF DEATH

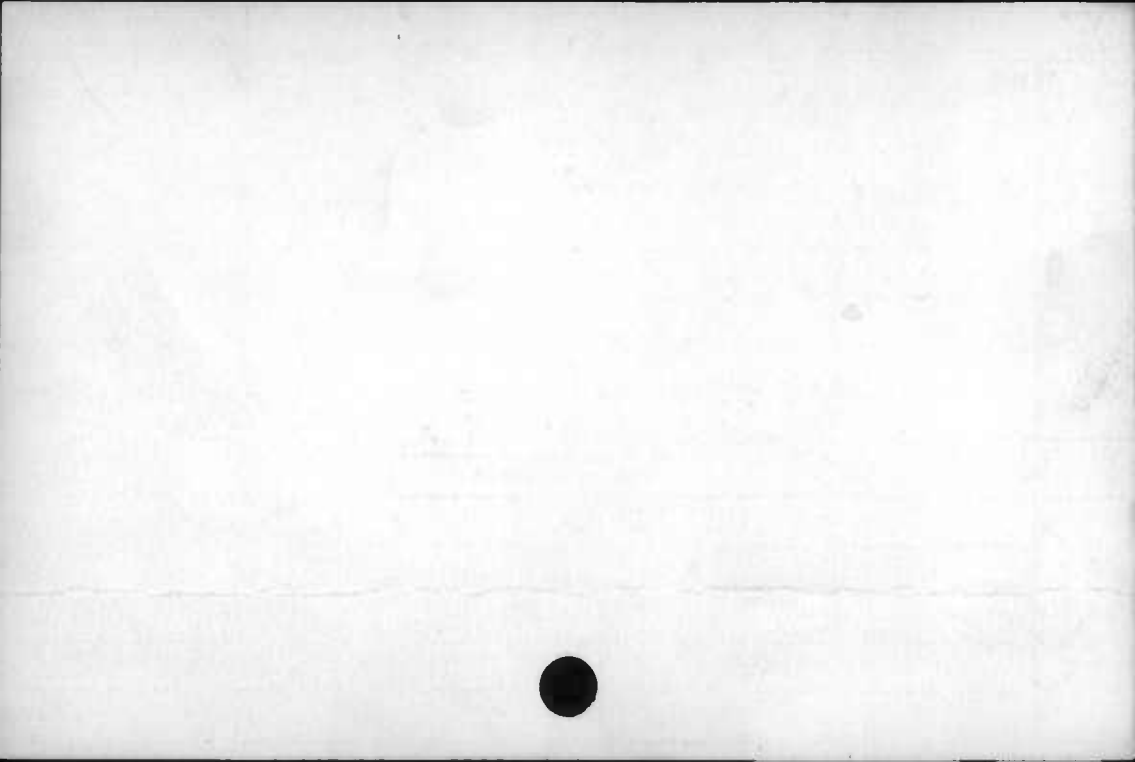
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Sweet Air</i> Town		<i>Baltimore</i> County		MARYLAND	
Date of death	<i>1909</i>	Month <i>Jan.</i>	Day <i>30</i>	Age <i>72</i>	Months <i>9</i>
Sex <i>Male</i>		Color or Race <i>white</i>		Birth-place <i>Md.</i>	
Occupation <i>Carpenter</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Margaret Amos</i>			
Father's Name <i>Henry Amos</i>		Father's Birthplace <i>Germany</i>			
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>Germany</i>			
Name of person giving information <i>Margaret Amos</i>		How related to deceased <i>Wife</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Chronic Bronchitis</i>	How long <i>10 years</i>
Immediate	<i>non assimilation</i>	How long <i>6 months</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician
<i>yes</i>		<i>Thos. H. Emory Jr. D.</i>
		Address <i>Monteton</i>
Accident or Suicide?		<i>Md.</i>
<i>no</i>		<i>10</i>



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>John T. Anderson</i>		Town <i>Gowson</i>		County <i>13aelmum</i>		MARYLAND	
Died at		Month <i>July</i>		Day <i>14</i>		Years <i>47</i>	
Date of death 190 <i>9</i>		Month <i>July</i>		Day <i>14</i>		Years <i>47</i>	
Sex <i>male</i>		Color or Race <i>White</i>		Birth-place <i>Id</i>		Months <i>3</i>	
Occupation <i>Deputy Sheriff</i>		Where Residing if not at place of death <i>Gowson</i>		Days <i>13</i>			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Louise T. Bonner Anderson</i>					
Father's Name <i>James M. Anderson</i>		Father's Birthplace <i>Maryland</i>					
Mother's Maiden Name <i>Mary Sparks</i>		Mother's Birthplace <i>Maryland</i>					
Name of person giving Information <i>Mrs Anderson</i>		How related to deceased <i>wife</i>					

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary <i>Organic nec of Heart - Dilation</i>		How long <i>1 or 2 Years</i>	
Immediate <i>Chronic Interstitial Hepatitis</i>		How long <i>Immediate</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>R. C. Mappenburg</i>	
		Address <i>Gowson</i>	
Accident or Suicide			

John Burns' Sons
Towson

Prospect Hill
Towson

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Monell Park</i>		County <i>Balto</i>		MARYLAND	
Date of death		190	9	Month <i>Jan</i>	31	Day <i>31</i>	Age <i>62</i>
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Balto</i>		Months <i>7</i>	
Occupation <i>Tinner & Skatling</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>Widower</i>		Name of Wife or Husband <i>Nancy Matthews Arscott</i>					
Father's Name <i>Joseph Arscott</i>		Father's Birthplace <i>Not known</i>					
Mother's Maiden Name <i>Ann Matthews</i>		Mother's Birthplace <i>Ind</i>					
Name of person giving Information <i>George F. Arscott</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

Primary	<i>Hemiplegia</i>	How long	<i>7 years</i>
Immediate	<i>Hypostatic Pneumonia</i>	How long	<i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Geo. S. M. Keffer</i>	
		Address <i>Monell Park</i> <i>Balto Co Md.</i>	
Accident or Suicide			

Mr Olivet
Jos B. Cook

Name
in
FullBorn Jan 24
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

(Infant) Harry Irving Babylon

Town Texas County Balto MARYLAND

Died at Texas

Date of death 1909 Month 1 Day 30 Age Years Months 6 Days 6

Sex Male Color or Race white Birth-place Ind.

Occupation none Where Residing if not at place of death Balto Co Almshouse

Married, Single or Widowed Single Name of Wife or Husband Above

Father's Name Joseph Babylon Father's Birthplace Pa

Mother's Maiden Name Emma Spouseller Mother's Birthplace Pa

Name of person giving information Emma Babylon How related to deceased mother

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary Prematurity-Malnutrition How long 6 days

Immediate Asthma How long ---

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician Wilmer C. Emworth M.D.

Address Cockeysville Ind.

Accident or Suicide? No

To be

Buried Feb. 1/09 at
Bath Co. Alushouse by
W. C. Brooks
Philopolis, Ind.

Name
in
Full

Annie M. Baier

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} Highlandtown ^{County} Baltimore MARYLANDDate of death 1909 ^{Month} 1 ^{Day} 4 ^{Age} 6 ^{Months} ^{Days}

Sex Female Color or Race White Birth-place Highlandtown

Occupation _____ Where Residing if not at place of death 707 Galt St.

Married, Single or Widowed _____ Name of Wife or Husband _____

Father's Name Paul Baier Father's Birthplace Balt. Md.

Mother's Maiden Name Nellie Beecher, Mother's Birthplace Balt. Md.

Name of person giving Information Paul Baier How related to deceased Father

CAUSES OF DEATH

6

Primary Measles, How long 7 days

Immediate Broncho Pneumonia (Heart Failure) How long 3 days

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician _____ Address Dr. W. C. Clapp, MD 619 S. Clinton St.

PHYSICIAN
OR CORONER

Accident or Suicide _____

Sacred Heart Cemetery

Jan 11 1909

Lilly and Zeiler

Undertakers

Name
in
Full

CERTIFICATE OF DEATH

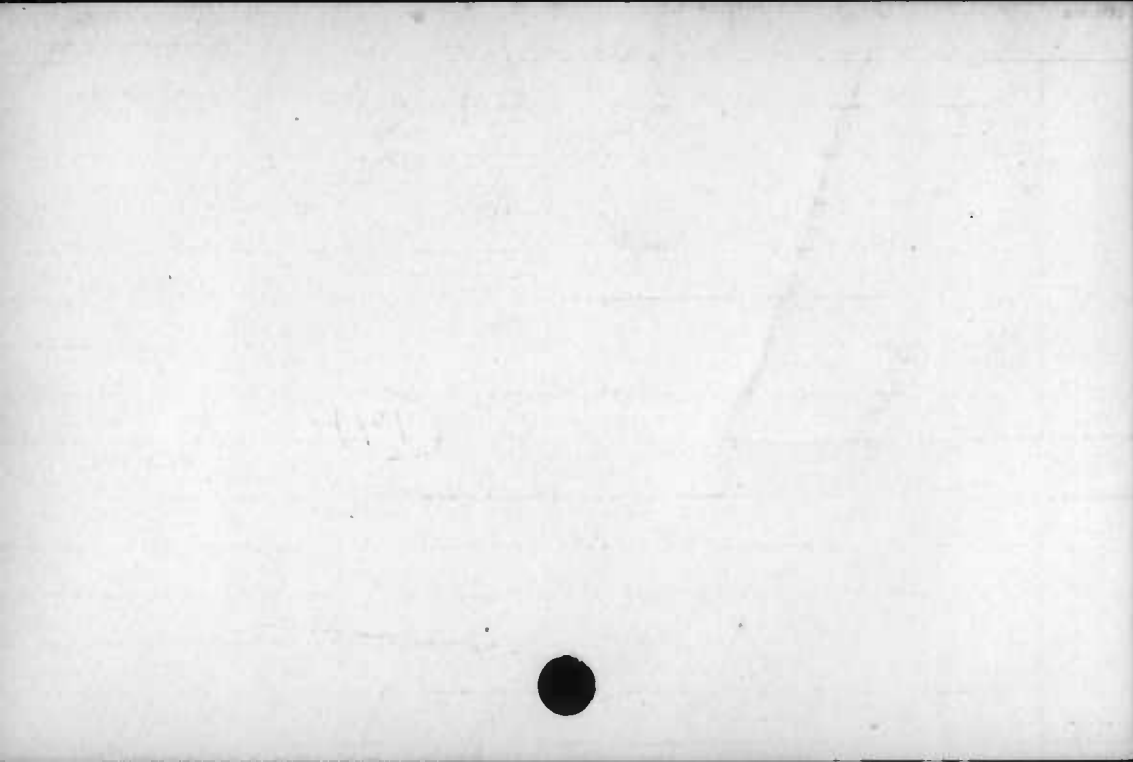
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Emeline Dames</i>		Town <i>Harrisonville</i>		County <i>Baltimore</i>		State <i>MARYLAND</i>	
Died at <i>Harrisonville</i>		Date of death <i>1909 January 17</i>		Age <i>79</i>		Months <i>1</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Phila. Pa.</i>		Days <i>3</i>	
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>Harrisonville</i>					
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>G. W. L. Dames</i>					
Father's Name <i>John Righter</i>		Father's Birthplace <i>Phila</i>					
Mother's Maiden Name <i>not known</i>		Mother's Birthplace <i>Phila Pa</i>					
Name of person giving information <i>E. J. Foizell</i>		<i>(131)</i>		How related to deceased <i>daughter</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>of the ovary non-cancerous.</i>	How long	<i>3 yrs</i>
Immediate	<i>tumor (abdominal)</i>	How long	<i>3 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>Wm E Dupplest</i>	
Address		<i>Rochester</i>	
Accident or Suicide?		<i>Baltimore</i>	



Name
in
Full

Irlie Barnhol

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Franklin town		County Baltimore		MARYLAND	
Date of death		Month Jan	Day 9	Age	Years 24	Months 11	Days 15
Sex Female		Color or Race White		Birth-place Franklin town Ky			
Occupation Weaver in wool mill		Where Residing if not at place of death —					
Married, Single or Widowed Single		Name of Wife or Husband —					
Father's Name Charles F. Barnhol				Father's Birthplace Germany			
Mother's Maiden Name Wilhelmina Arndt				Mother's Birthplace Germany			
Name of person giving information Charles F. Barnhol				How related to deceased Father			

CAUSES OF DEATH

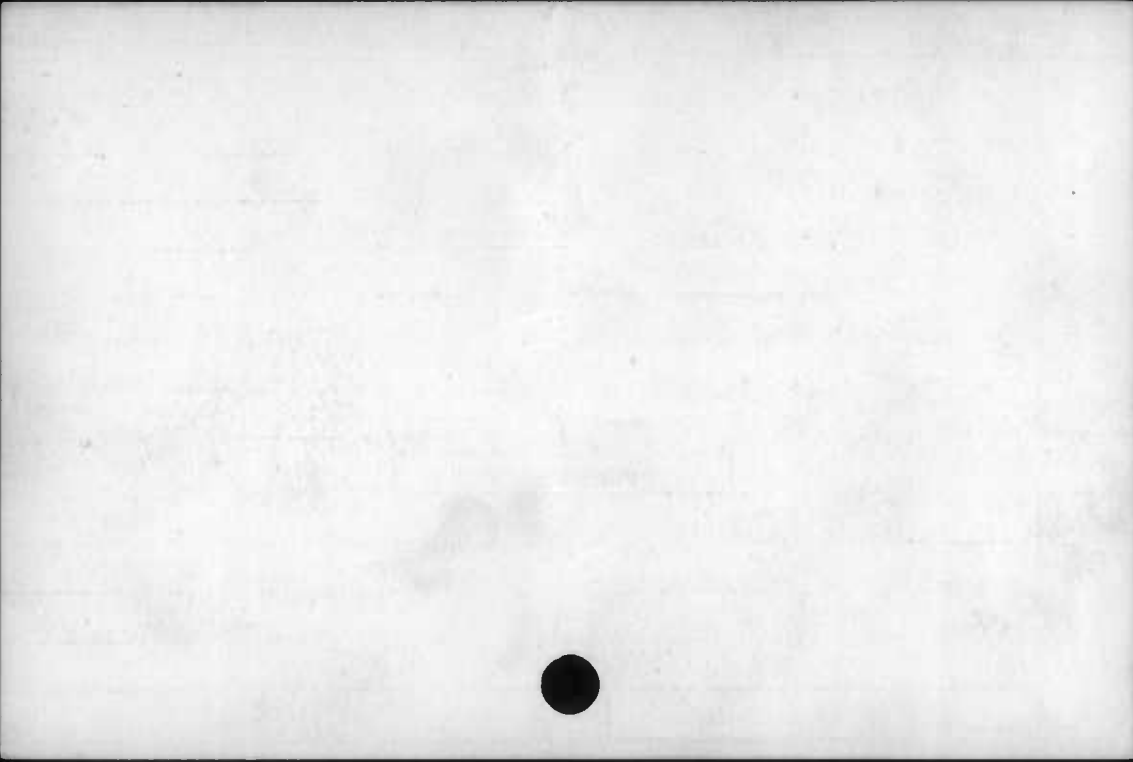
27

PHYSICIAN
OR CORONER

Primary	Pulmonary Tuberculosis	How long	2 years
Immediate	Asphyxia	How long	Immediate
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician A. C. Smink	
—		Address Wasslawen Sts First District	
Accident or Suicide?		—	

Salem Lutheran Catonsville
Jas B. Cook

Name in Full		Edna, at the Bates				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <u>Wilmington</u> Town		<u>Baltimore</u> County		MARYLAND		
	Date of death <u>1909</u>	Month <u>1</u>	Day <u>2</u>	Years <u>42</u>	Months	Days	
	Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Ireland</u>			
	Occupation <u>Housewife</u>		Where Residing if not at place of death				
	Married, <u>Single</u> or <u>Widowed</u>	Name of Wife or Husband <u>John Bates</u>					
	Father's Name <u>Donald Marshall</u>	Father's Birthplace <u>Ireland</u>					
	Mother's Maiden Name <u>Unknown</u>	Mother's Birthplace <u>Ireland</u>					
PHYSICIAN OR CORONER	Name of person giving information <u>John Bates</u>		How related to deceased <u>Husband</u>				
	CAUSES OF DEATH						(27)
PHYSICIAN OR CORONER	Primary		Inferiorities of Lungs & Sanguinolent about 12 hrs.				
	Immediate		Congestion of Lungs				
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		How long		
	Yes		Z. B. Hall		How long		
		Address		13 H. District			
Accident or Suicide?		13					



Name
in
Full

Row Villa Beaker

X
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at Parkton ^{Town} Baltimore ^{County} MARYLAND

Date of death 190 9 Month 1 Day 10 Age — Years Months — Days 4

Sex Female Color or Race White Birth-place Parkton

Occupation — Where Residing if not at place of death —

Married, Single or Widowed Single Name of Wife or Husband —

Father's Name James B. Beaker Father's Birthplace md.

Mother's Maiden Name Hannie B. Bull Mother's Birthplace md.

Name of person giving information Jas. B. Beaker How related to deceased father

CAUSES OF DEATH

Primary Hard and tedious labor Concussion of Brain How long 2 days

Immediate convulsions How long 2 days

Are the name, age, sex, color, data and place correctly given above?

Yes

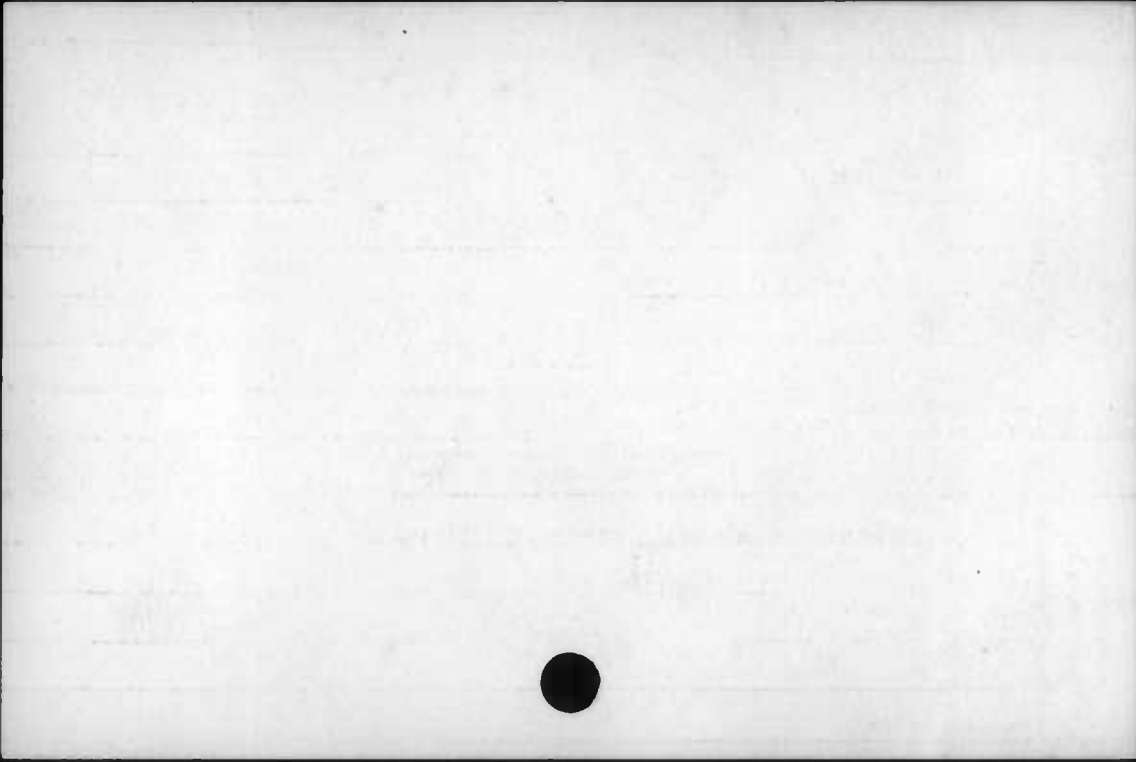
Signature of Physician

Address

R. B. Morris
Parkton

Accident or Suicide?

md. 7



Name
in
Full

Mateele Ruth Beale

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} Highlandtown ^{County} Balto MARYLANDDate of death 1908 ^{Month} 1 ^{Day} 1 ^{Age} 1 ^{Years} ^{Months} ^{Days}

Sex Female Color or Race White Birthplace Balto

Occupation none Where Residing if not at place of death 3307 Colgate Ave

Married, Single or Widowed Name of Wife or Husband

Father's Name Oliver W. Beale Father's Birthplace Balto

Mother's Maiden Name Cora A. Taylor Mother's Birthplace Remma

Name of person giving Information Cora A. Beale How related to deceased Mother

CAUSES OF DEATH

61

Primary Cerebro-Spinal Meningitis How long 2 weeks

Immediate Exhaustion How long one day

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician J. W. Jones M.D.

Address 3116 Edmonst

Accident or Suicide

PHYSICIAN
OR CORONER

Mr. Carmel Leem
Herwig son
1/3/09

Name
in
Full

Harry F. Beck

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at 3503 Eastern Ave		Town Baltimore		County		MARYLAND	
Date of death 1909	Month Jan	Day 9	Age 24	Years	Months —	Days 20	
Sex Male	Color or Race White		Birth-place Maryland				
Occupation News Dealer			Where Residing if not at place of death				
Married, Single or Widowed Single		Name of Wife or Husband					
Father's Name Edward Beck			Father's Birthplace New Jersey				
Mother's Maiden Name Mary Frank			Mother's Birthplace Baltimore				
Name of person giving information William Beck			How related to deceased Brother				

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	Valvular disease of Heart		How long	Unknown
Immediate	—		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	H. S. Wanner	
Yes		Address	320 Highland av	
Accident or Suicide?		No		

Dr. A. S. Warner
Baltimore Md.
Jan 12/09
H. Sander & Sons

Name
in
Full

Paul Beckman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

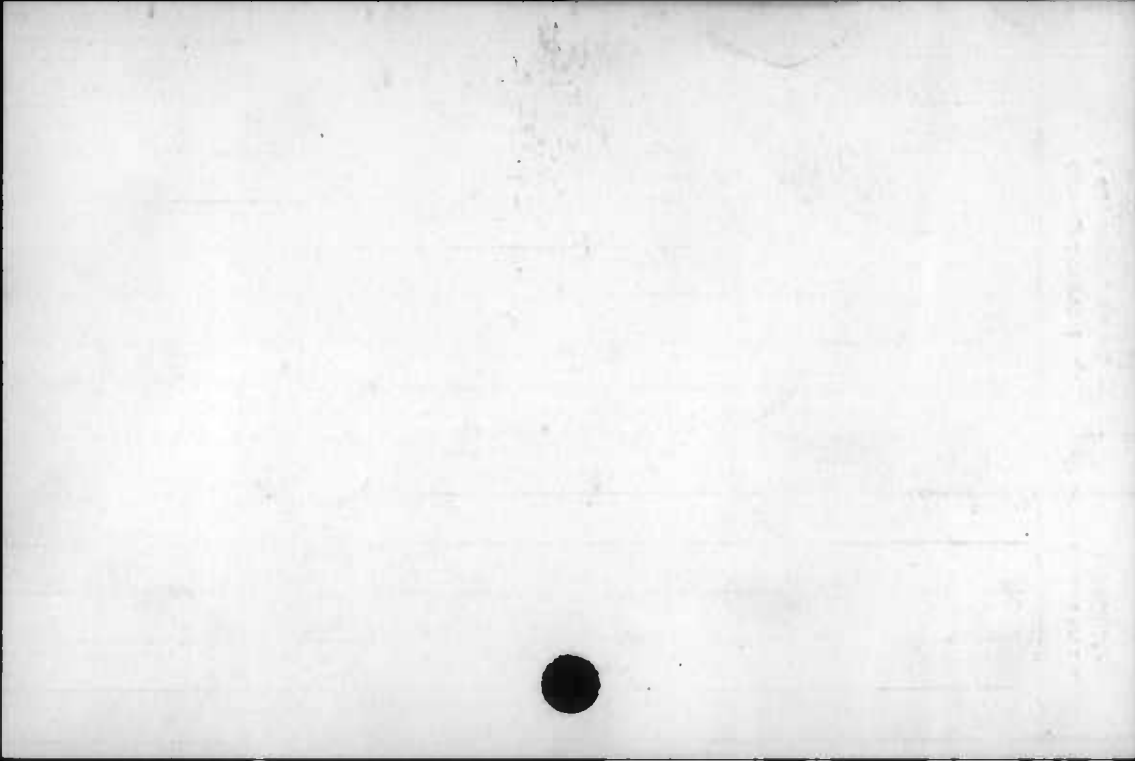
Died at <i>Drury</i> ^{Town}		<i>Bell</i> ^{County}		MARYLAND	
Date of death	<i>1909</i>	Month <i>July</i>	Day <i>18</i>	Age <i>16</i>	Months <i>—</i> Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Unknown</i>		
Occupation <i>School Boy</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>None</i>				
Father's Name <i>Unknown</i>			Father's Birthplace <i>Unknown</i>		
Mother's Maiden Name <i>Unknown</i>			Mother's Birthplace <i>Unknown</i>		
Name of person giving information <i>Brother Robert</i>			How related to deceased <i>None</i>		

CAUSES OF DEATH

172

PHYSICIAN
OR CORONER

Primary <i>Drowning</i>	How long <i>Immediate</i>
Immediate <i>Drowning</i>	How long <i>Immediate</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Frederick E. P. Anderson</i>
	Address <i>Coroner</i>
Accident or Strife <i>Accident</i>	<i>Catonsville Md.</i>



Name
in
Full

Ethel M. Belt

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Boring</i> Town		County <i>Bath</i>		MARYLAND	
Date of death <i>1909</i>	Month <i>1</i>	Day <i>25</i>	Age <i>2</i>	Months <i>2</i>	Days <i>6</i>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Ind</i>		
Occupation _____			Where Residing if not at place of death _____		
Married, Single or Widowed _____		Name of Wife or Husband _____			
Father's Name <i>Amos Belt</i>			Father's Birthplace <i>Ind</i>		
Mother's Maiden Name <i>Laura Rawlings</i>			Mother's Birthplace <i>Ind</i>		
Name of person giving information <i>Wm Reynolds</i>			How related to deceased <i>uncle</i>		

CAUSES OF DEATH

92

PHYSICIAN
OR CORONER

Primary	How long
Immediate <i>Acute Pneumonia</i>	How long <i>5 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i> Jas H Wilson</i>
	Address <i>Trumbull</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

1845land ~~Box~~

County

MARYLAND

Date

of death 190

4 Jan

Day

13

Age

Years

54

Months

Days

Sex

Male

Color or
Race

White

Birth-
place

Germany

Occupation

Labors

Where Residing if not
at place of death

Unknown

Married, Single
or Widowed

Single

Name of Wife or
Husband

None

Father's
Name

Unknown

Father's
Birthplace

Germany

Mother's
Maiden Name

Unknown

Mother's
Birthplace

Germany

Name of person giving
Information

J. Wesley Coates

How related
to deceased

None

CAUSES OF DEATH

Primary

"Sudden" by

How long

157

Immediate

hanging

How long

Coroner

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

J. S. Sudler M.D.

Address

337 3rd St Baltimore

PHYSICIAN
OR
CORONER

Accident or Suicide

Permission is granted to remove
body to 211 S. Wolfe St.
JAMES BOSLEY, M. D.,
COMMISSIONER OF HEALTH.

Per. RRK.

Name
in
Full

Anna M. Bond

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{town} <i>Highlandtown</i>		County <i>Balto.</i>		MARYLAND	
Date of death 1909 ^{Month} <i>1</i> ^{Day} <i>30</i>		Age ^{Years} <i>3</i>		^{Months} <i>2</i> ^{Days}	
Sex <i>Female</i>		Color or Race <i>White.</i>		Birth-place <i>Balto.</i>	
Occupation <i>None</i>		Where Residing if not at place of death <i>724 S. Chilton St.</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>John J. Bond</i>		Father's Birthplace <i>Balto. Md.</i>			
Mother's Maiden Name <i>Blanche Eldridge</i>		Mother's Birthplace <i>" "</i>			
Name of person giving information <i>John J. Bond.</i>		How related to deceased <i>Father.</i>			

CAUSES OF DEATH

How long

10 days

How long

Primary

Measles

Immediate

Pneumonia

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

G. A. Hiley

Accident or Suicide

PHYSICIAN
OR CORONER

Undertakers

Lilly and Zeiler
London Park Cemetery
Jan 22-09

Name
in
Full

Charles F. W. Braudt

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Highland</u> ^{Town}		<u>Balt</u> ^{County}		MARYLAND	
Date of death	<u>1909</u> ^{Month}	<u>1</u> ^{Day}	Age <u>75</u> ^{Years}	<u>1</u> ^{Months}	<u>22</u> ^{Days}
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Germany</u>		
Occupation <u>None</u>			Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>Caroline Braudt</u>			
Father's Name <u>Don't know</u>			Father's Birthplace <u>Germany</u>		
Mother's Maiden Name <u>Don't know</u>			Mother's Birthplace <u>Germany</u>		
Name of person giving information <u>Abtil Miller</u>			How related to deceased <u>Son in law</u>		

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary <u>Pneumonia</u>	How long <u>4 days</u>
Immediate <u>Exhaustion</u>	How long <u>1</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>W. Jones M.D.</u>
	Address <u>3116 1/2 1st St S.W.</u>
Accident or Suicide? <u>No</u>	

H. Sander Sans.

Int. Canal Country
Jan. 6 "1908

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Mary. Briemann

Town

County

Died at

Baltimore

Baltimore

MARYLAND

Date

of death

1909

Month

Jan

Day

15

Years

Age

30

Months

Days

Sex

female

Color or
Race

White

Birth-
place

Germany

Occupation

forelady

Where Residing if not
at place of death

118 S. East Av.

Married, Single
or Widowed

Single

Name of Wife or
HuabandFather's
Name

Henry Briemann

Father's
Birthplace

Germany

Mother's
Maiden Name

Katherine Klaus

Mother's
Birthplace

"

Name of person giving
Information

Henry Briemann

How related
to deceased

father

CAUSES OF DEATH

27

Primary

Pul. Tuberculosis

How long

4 1/2 mos

Immediate

Exhaustion

How long

Are the name, age, sex, color, data
and place correctly given above?

yes

Signature of
Physician

Chas. S. Neer

Address

619 Pat Park Ave
12 District

Accident or Suicide

PHYSICIAN
OR CORONER

Wm. Samuel Secretary
Jan 17/909.
Wm Cook
Dor E. Hartman

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Euston Ave Rd</i>		Town <i>Balto</i>		County		MARYLAND	
Date of death <i>1909 Jan 23</i>		Month <i>Jan</i>		Day <i>23</i>		Age <i>61</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Baltimore</i>		Months <i>-</i>	
Occupation <i>Laborer</i>		Where Residing if not at place of death <i>1633 E Biddle St</i>		Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Annie Brown</i>	
Father's Name <i>Unknown</i>		Father's Birthplace <i>Unknown</i>		Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>"</i>	
Name of person giving Information <i>Louise Stoddard</i>		How related to deceased <i>None</i>					

PHYSICIAN
OR CORONER

CAUSES OF DEATH		166	
Primary <i>Crushed skull by being struck by street car</i>	How long	How long	
Immediate <i>Are the name, age, sex, color, date and place correctly given above?</i>	Signature of Physician <i>W. S. Sudler Cropper</i>		
	Address <i>3326 E Balto St</i>		
Accident or Suicide			

Remind

John W. Tempel

801 W. Payett St.

Name in Full *Leta R. Buckingham*

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Upper Falls* ^{Town} *Balto* ^{County}

Date of death *1909* ^{Month} *1* ^{Day} *29* ^{Years} *17* ^{Months} *—* ^{Days} *—*

Sex *Female* Color or Race *White* Birth-place *Ind*

Occupation *Embroidery work* Where Residing if not at place of death *Same*

Married, Single or Widowed *Single* Name of Wife or Husband *—*

Father's Name *Harry Buckingham* Father's Birthplace *Ind*

Mother's Maiden Name *Mary E. Gregg* Mother's Birthplace *Ind*

Name of person giving information *Harry Buckingham* How related to deceased *Father*

4

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Dysphoria Fever & Complications* How long *7 weeks*

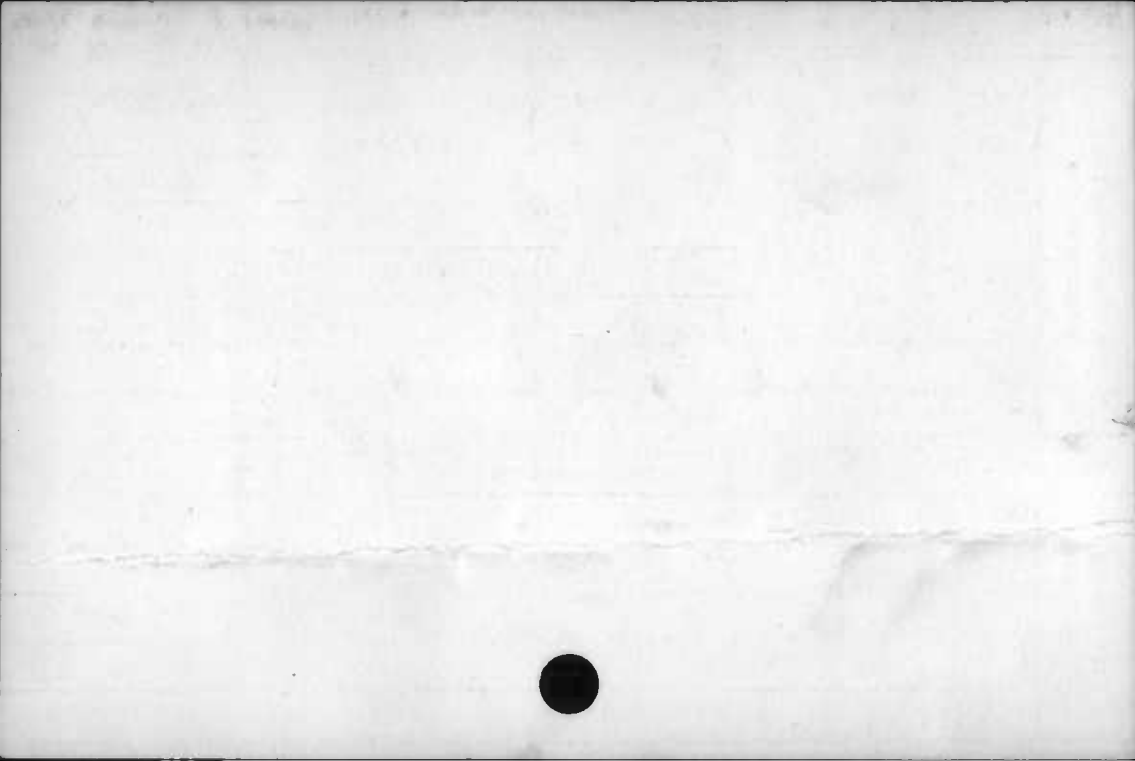
Immediate *Exhaustion* How long *1 week*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *W. H. Keyser, M.D.*

Address *Pappa Md*

Accident or Suicide? *No*



Name
in
Full

Jane Burgess

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Towson</i>		County <i>Balto.</i>		MARYLAND	
Date of death		1909	Month <i>Jan.</i>	Day <i>26th</i>	Age <i>76</i>	Months <i>4</i>	Days <i>23</i>
Sex <i>F</i>		Color or Race <i>White</i>		Birth-place <i>Penn.</i>			
Occupation <i>None</i>				Where Residing if not at place of death			
Married , Single				Name of Wife or Husband			
Father's Name <i>Samuel Burgess</i>				Father's Birthplace <i>Penn.</i>			
Mother's Maiden Name <i>Susan Grog</i>				Mother's Birthplace <i>Penn.</i>			
Name of person giving information <i>Mrs Margaret Burgess</i>				How related to deceased <i>Sister in law</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Chronic Bright's & Bronchitis</i>	How long	<i>Bronchitis 20 yrs.</i>
Immediate	<i>Acute Bronchitis</i>	How long	<i>3 or 4 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>		Signature of Physician <i>E. H. Hoobring</i>	
		Address <i>Sta H B. Baltimore Md.</i>	
Accident or Suicide?			

Charles E. Francis
Undertaker

Fort Loudon Pa

Name
in
Full

CERTIFICATE OF DEATH

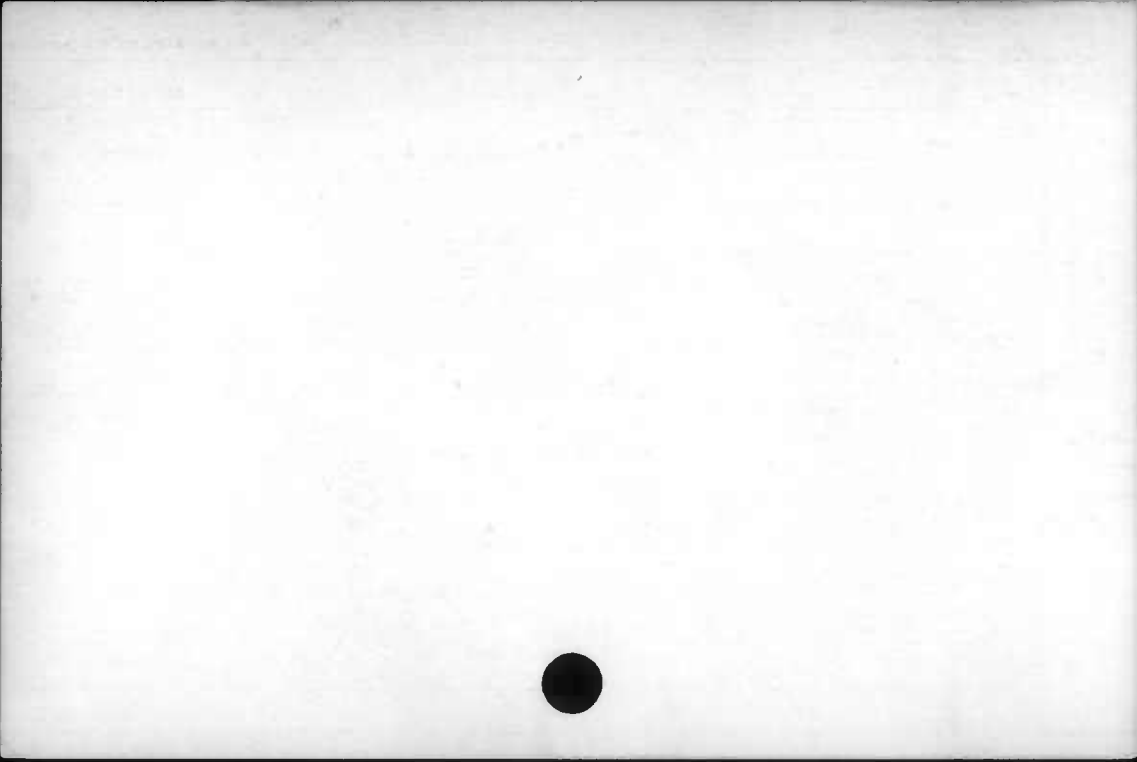
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>John August Cammer</i>		Town <i>Shepherd</i>		County <i>Balto.</i>		MARYLAND	
Died at <i>Shepherd</i>		Month <i>1</i>		Day <i>11</i>		Years <i>3</i>	
Date of death <i>1909</i>		Age <i>11</i>		Months <i>3</i>		Days <i>22</i>	
Sex <i>male</i>		Color or Race <i>Black</i>		Birth-place <i>Balto Md</i>			
Occupation <i>—</i>				Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Andrew Cammer</i>		Father's Birthplace <i>Chd. Co Md.</i>					
Mother's Maiden Name <i>Lillian Bellington</i>		Mother's Birthplace <i>Balto Md</i>					
Name of person giving Information <i>Andrew Cammer</i>		How related to deceased <i>father</i>					

CAUSES OF DEATH

Primary <i>Capillary Bronchitis</i>	How long <i>1 hr</i>
Immediate <i>Exhaustion</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>T. Ross Payne</i>
	Address <i>Corbett Md.</i>
Accident or Suicide <i>—</i>	

PHYSICIAN
OR CORONER



Name
in
Full

Annie Rebecca Carlisle -

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

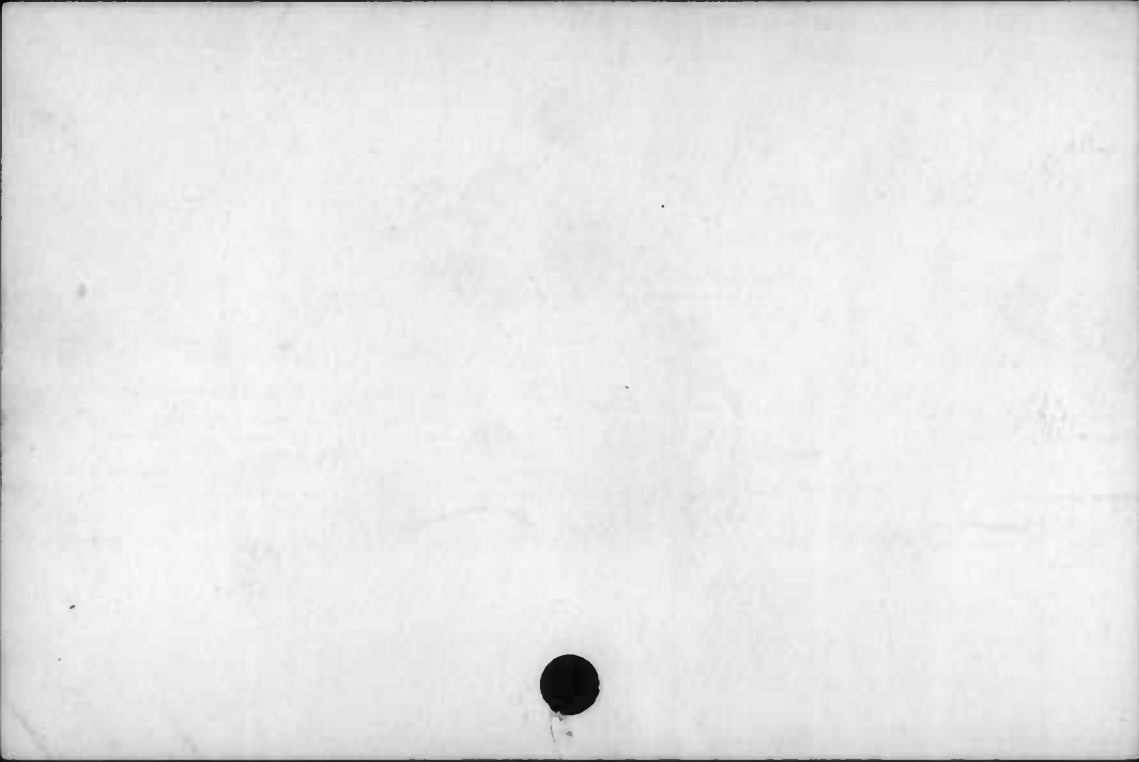
Died at <i>Belfast</i> ^{Town}		<i>Balto.</i> ^{County}		MARYLAND	
Date of death	<i>1909</i>	Month	<i>1</i>	Day	<i>26</i>
Age		<i>62</i>	Years	<i>6</i>	Months
Sex <i>Female</i>		Color or Race <i>White</i>	Birth-place <i>Ind</i>		
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>Belfast. Ind.</i>			
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>William N. Carlisle</i>				
Father's Name <i>Jacob Iley</i>	Father's Birthplace <i>Ind.</i>				
Mother's Maiden Name <i>Elizabeth Rigdon</i>	Mother's Birthplace <i>Ind.</i>				
Name of person giving information <i>Nancy Price</i>	How related to deceased <i>Daughter</i>				

CAUSES OF DEATH

45

PHYSICIAN
OR CORONER

Primary	<i>Carcinoma (abdominal)</i>	How long	<i>2 yrs.</i>
Immediate	<i>Intestinal Obstruction</i>	How long	<i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Wilmer C. Ensor M.D.</i>
		Address	<i>Cockeysville</i>
Accident or Suicide?	<i>No</i>		<i>Ind.</i>



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Raspensburg <small>Town</small>		Balto <small>County</small>		MARYLAND	
Date of death 1909	1 <small>Month</small>	27 <small>Day</small>	Age 83 <small>Years</small>	5 <small>Months</small>	27 <small>Days</small>
Sex Male	Color or Race White	Birth-place Maryland			
Occupation Farmer	Where Residing if not at place of death Raspensburg				
Married, Single or Widowed	Name of Wife or Husband Eliza Barnes				
Father's Name Jacob Barnes	Father's Birthplace Germany				
Mother's Maiden Name Rosally Barnes	Mother's Birthplace ..				
Name of person giving information Eliza Barnes	How related to deceased wife				

CAUSES OF DEATH

106

PHYSICIAN
OR CORONER

Primary Scirrhous Gastro Enteritis	How long 3 months
Immediate Exhaustion	How long —
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician Joseph B. Webster
	Address Raspensburg
Accident or Suicide?	

~~St. Louis~~
Family Lot

Name
in
FullTO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

MARYLAND

Died at *Thistle Mills* ^{Town} *Blatto* ^{County}
 Date of death *1909* ^{Month} *Jan* ^{Day} *24* ^{Years} *57* ^{Months} *7* ^{Days}
 Sex *male* Color or Race *White* Birth-place *Ind*
 Occupation *R.R. Track Foreman* Where Residing if not at place of death *Thistle Mills*
 Married, Single or Widowed *Married* Name of Wife or Husband *Josephine Covey*
 Father's Name *Cornelius Covey* Father's Birthplace *Ind.*
 Mother's Maiden Name *Alice Perry* Mother's Birthplace *England*
 Name of person giving information *James Covey* How related to deceased *Father*

CAUSES OF DEATH

44

PHYSICIAN
OR CORONER

Primary *Carcinoma of Abdomen* ^{How long} *7 years*
 Immediate *General Asthma* ^{How long} *th*
 Are the name, age, sex, color, date and place correctly given above? *Yes*
 Signature of Physician *D. W. Stutz Ind*
 Address *Columbell Ind*
 Accident or Suicide?

S. Hulsinger & Son.

Elbridge Landing. J. Howard Co.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *John Harris Cagette*
Town *Randallstown* County *Baltimore*

MARYLAND

Died at *Randallstown*
Date of death *1909* Month *January* Day *22* Age *4* Years Months Days

Sex *Male* Color or Race *White* Birth-place *Randallstown*

Occupation *Child* Where Residing if not at place of death *Randallstown*

Married, Single or Widowed *Single* Name of Wife or Husband

Father's Name *John Harman Cagette* Father's Birthplace *Baltimore*

Mother's Maiden Name *Myrna Bowen* Mother's Birthplace *Baltimore*

Name of person giving information *Wm Crooks* How related to deceased *Uncle*

CAUSES OF DEATH

9

PHYSICIAN
OR CORONER

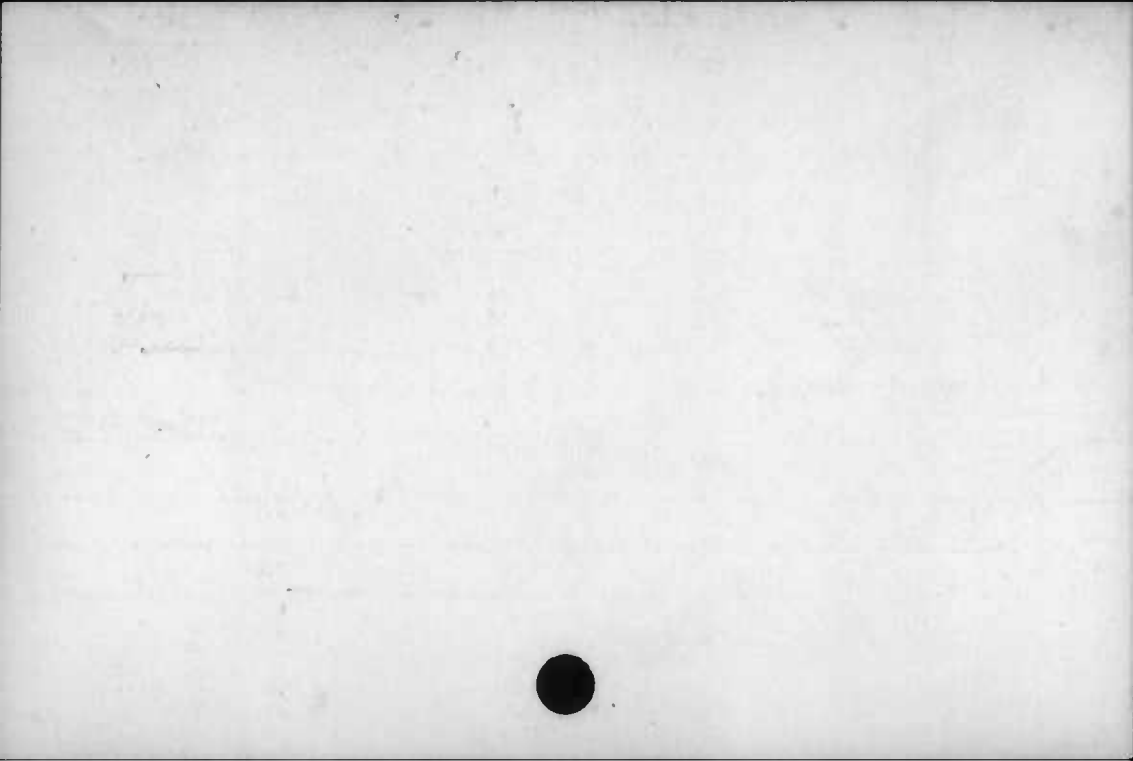
Primary *Membran. Group.* How long *24 hrs*

Immediate *dyspnea* How long *12 hrs*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Wm E. Buppert*
Address *Rushin Baltimore*

Accident or Suicide?



Name
in
Full

William Clair

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Cottrick

Baltimore

Date

Month

Day

Years

Months

Days

of death

1909 Jan

13

Age

9

7

Sex

Male

Color or
Race

Col

Birth-
place

Cottrick

Occupation

None

Where Residing if not
at place of death

Cottrick

Married, Single
or WidowedName of Wife or
Husband

0

Father's
Name

Wm. Clair

Father's
Birthplace

Harris Co

Mother's
Maiden Name

Anne Jones

Mother's
Birthplace

Kearney Co

Name of person giving
information

Henry Jones

How related
to deceased

Gr. Father

CAUSES OF DEATH

71

Primary

Drowning

How long

30 min

Immediate

Spasms

How long

7 hours

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

K. R. Gerry

Address

Cottrick Md

Accident or Suicide?

No

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Robert A. Elliott

Western Star,

Name in Full *M. Evelyn Clifford*

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Hamilton* *Balto* County

Date of death *1909* Jan. *11* Day *2* Age *6* Months *6* Days

Sex *Female* Color or Race *White* Birth-place *Md.*

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed _____ Name of Wife or Husband _____

Father's Name *Thos. Clifford* Father's Birthplace *Md.*

Mother's Maiden Name *Minnie Miller* Mother's Birthplace *Md.*

Name of person giving information *Thos. Clifford* How related to deceased *Father*

CAUSES OF DEATH

28

PHYSICIAN
OR CORONER

Primary *Tubercular Meningitis* How long *2 wks*

Immediate *Tubercular Meningitis* How long *2 wks*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician* *Harry Long M.D.*

Address *Hamilton 14*

Accident or Suicide? *No* *Md.*

A. Jahn

Name
in
Full

Marie Frances Cogill

CERTIFICATE OF DEATH

Died at ^{Town} West Cerrington^{County} Baltimore

MARYLAND

Date of death 1909 Jan'y

Day 1st

Age 37

Months

Days

Sex Female

Color or
Race

White

Birth-
place

Camden N.J.

Occupation Housewife

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

Charles B. Cogill

Father's
Name

Alfred Rudolph

Father's
Birthplace

Frankford Ger

Mother's
Maiden Name

Judith King

Mother's
Birthplace

Riviera N.J.

Name of person giving
Information

Charles B. Cogill

How related
to deceased

Husband

CAUSES OF DEATH

43

Primary

Cancer of the Breast

How long

1 year

Immediate

Metastases in Liver stomach & intestines

How long

2 months

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Julius Friedmaner

Address

1013 N Charles St Baltimore

Accident or Suicide?

Dr Julius Friedenwald
N. Charles St.

Henry. W. Jenkins & Sons Co

Funeral Directors

300 Madison St
to Ballt

Wood Lawn Cem^y

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Howard Brown Farrey Cole

Town *Bornis* County *Baltimore* MARYLAND

Died at *Bornis*

Date of death *1909* Month *1* Day *31* Age *5* Years Months Days

Sex *Male* Color or Race *White* Birth-place *Bornis*

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed _____ Name of Wife or Husband _____

Father's Name *Edward Cole* Father's Birthplace *Maryland*

Mother's Maiden Name *Minnie Farrey* Mother's Birthplace *Maryland*

Name of person giving information *Edward Cole* How related to deceased *Father*

CAUSES OF DEATH

10

PHYSICIAN
OR CORONER

Primary *Influenza* How long *10 days*

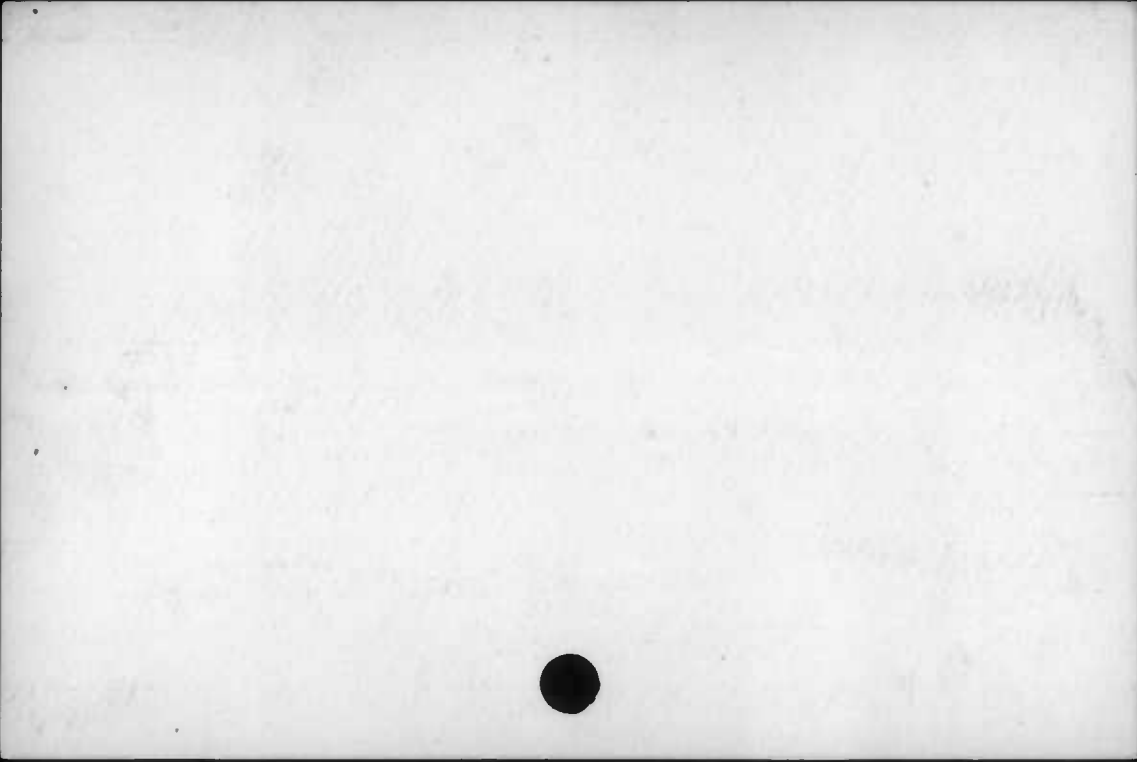
Immediate *Catastrophic Pneumonia* How long *5 days*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Jas. H. Wilson M.D.*

Address *London, Maryland*

Accident or Suicide? _____



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

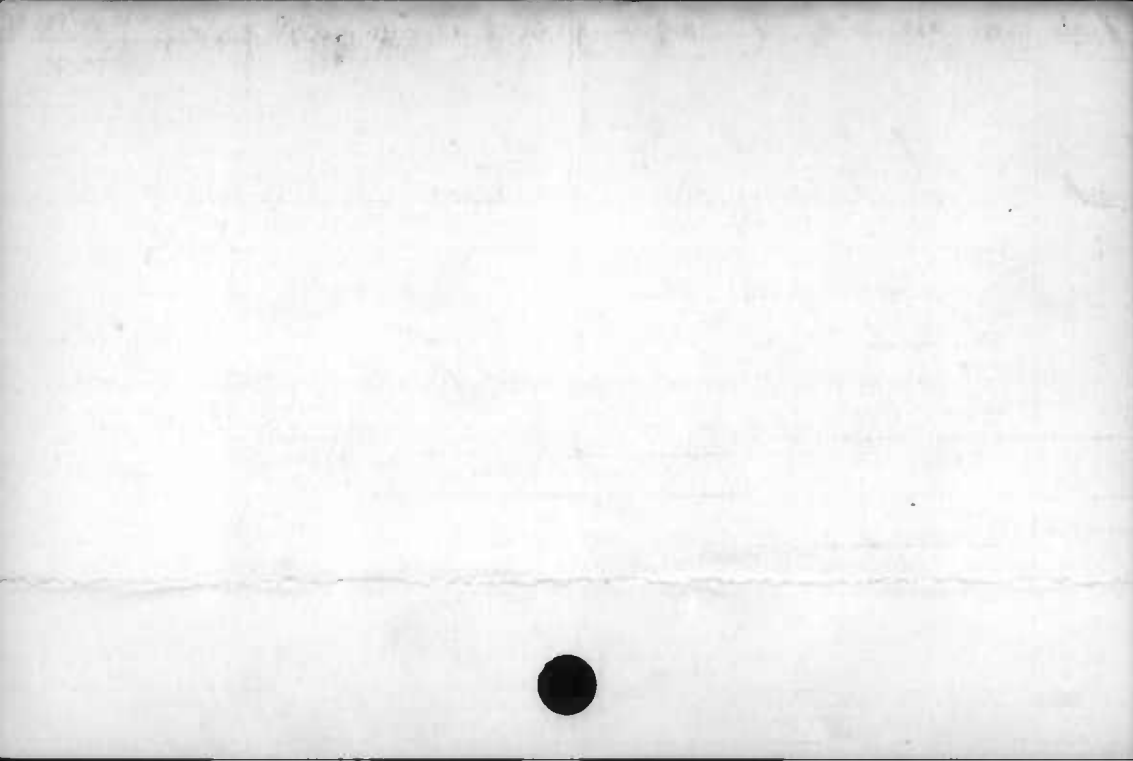
Name in Full <i>Lydias Coltrider</i>		Town <i>Hoffmanville</i>		County <i>Calto</i>		MARYLAND	
Died at <i>Hoffmanville</i>		Month <i>January</i>		Day <i>15</i>		Years <i>1909</i>	
Date of death <i>1909</i>		Age <i>about 75</i>		Months <i></i>		Days <i></i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth place <i>Maryland.</i>			
Occupation <i>None</i>				Where Residing if not at place of death <i></i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>Not married.</i>					
Father's Name <i>Jacob Coltrider</i>		Father's Birthplace <i>Ind.</i>					
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>Unknown</i>					
Name of person giving information <i>Geo H. Coltrider</i>		How related to deceased <i>Son.</i>					

CAUSES OF DEATH

119

PHYSICIAN
OR CORONER

Primary <i>Acute Nephritis, ✓</i>	How long <i>2 weeks.</i>
Immediate <i></i>	How long <i></i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>Geo. L. Yagle</i>
	Address <i>New Freedom Pa.</i>
Accident or Suicide?	<i>Pa.</i>



Name
in
Full

Charity Susan Leannon

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Powerson

County

Baltimore

MARYLAND

Date

of death

1909

Month

1

Day

11

Age

Years

80

Months

-

Days

-

Sex

female

Color or
Race

white

Birth-
place

Maryland

Occupation

none

Where Residing if not
at place of death

Powerson

Married, Single
or Widowed

Single

Name of Wife or
Husband

X

Father's
Name

Queen Leannon

Father's
Birthplace

Virginia

Mother's
Maiden Name

Amelia Rhoads

Mother's
Birthplace

Maryland

Name of person giving
Information

Mrs Gause

How related
to deceased

Niece

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary

Bronchitis - Acute

How long

2 days

Immediate

Asthma

How long

one night

Are the name, age, sex, color, data
and place correctly given above?

X

Signature of
Physician

R. L. Messenburg

Address

Powerson

Accident or Suicide

X

John Burns Sons

Burial, Angel Hill
Cemetery,
Havre de Grace

Presbyterian Ministers

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Joseph Cotter</i>		Town <i>Canton</i>		County <i>Balto.</i>		MARYLAND	
Date of death 190 <i>8</i>		Month <i>Jan</i>		Day <i>22nd</i>		Age <i>—</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Balto Co.</i>		Months <i>—</i>	
Occupation <i>None</i>		Where Residing if not at place of death <i>1205 S. Second</i>		Days <i>14</i>		Hours <i>—</i>	
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>		Father's Name <i>Cornelius Cotter</i>		Father's Birthplace <i>Oregon Balto Co.</i>	
Mother's Maiden Name <i>Margaret Tilgherty</i>		Name of person giving Information <i>Cornelius Cotter</i>		Mother's Birthplace <i>Balto Md</i>		How related to deceased <i>Father</i>	

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary <i>Premature birth</i>		How long <i>8 months</i>	
Immediate <i>Asphyxia</i>		How long <i>1/2 hour</i>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>M. J. McAvoy M.D.</i>	
		Address <i>839 S. Canton</i>	
Accident or Suicide			

Holy Cross Cemetery
Jan 22nd 09
Lilly and Zeiler
Undertakers.

Name
in
Full

Jacob Counsel.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Notch Cliff		County Baltimore		MARYLAND	
Date of death		1909	Month Jan'y.	Day 21 st	Age 84	Months 6	Days 10
Sex male		Color or Race White		Birth- place Balt. Co.			
Occupation Farmer.		Where residing if not at place of death		Notch Cliff			
Married, Single or Widowed married		Name of Wife or Husband Mrs. Whittle		Father's Birthplace Delaware			
Father's Name John Counsel.		Mother's Maiden Name Mary Burton.		Mother's Birthplace Balt. Co.			
Name of person giving Information Mrs. Ehlers		How related to deceased Sister.					

CAUSES OF DEATH

10

PHYSICIAN
OR CORONER

Primary	Chronic Bronchitis	How long, many years.
Immediate	Grip.	How long 4 weeks.
Are the name, age, sex, color, date and place correctly given above?		yes.
Signature of Physician		H. J. Harrison.
Address		Loch Raven.
Accident or Suicide?		

Whough Chappel

Name
in
Full

Charles C Cover

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Owings Mills</u> <small>Town</small>		<u>Balto</u> <small>County</small>		MARYLAND	
Date of death	1909	Jan	27	Age	1
Sex	Male		Color or Race	white	
Occupation			Birth-place	Balto co Md	
Merrled, Single or Widowed <u>Single</u>			Name of Wife or Husband		
Father's Name <u>H M Cover</u>			Father's Birthplace <u>Carroll co Md</u>		
Mother's Maiden Name <u>Mary E. Umphries</u>			Mother's Birthplace <u>Balto co Md</u>		
Name of person giving Information <u>H. M. Cover</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

93

Primary <u>Croupous Pneumonia</u>	How long <u>4 days</u>
Immediate <u>Cardiac Failure</u>	How long <u>12 hrs.</u>

Are the name, age, sex, color, date and place correctly given above?

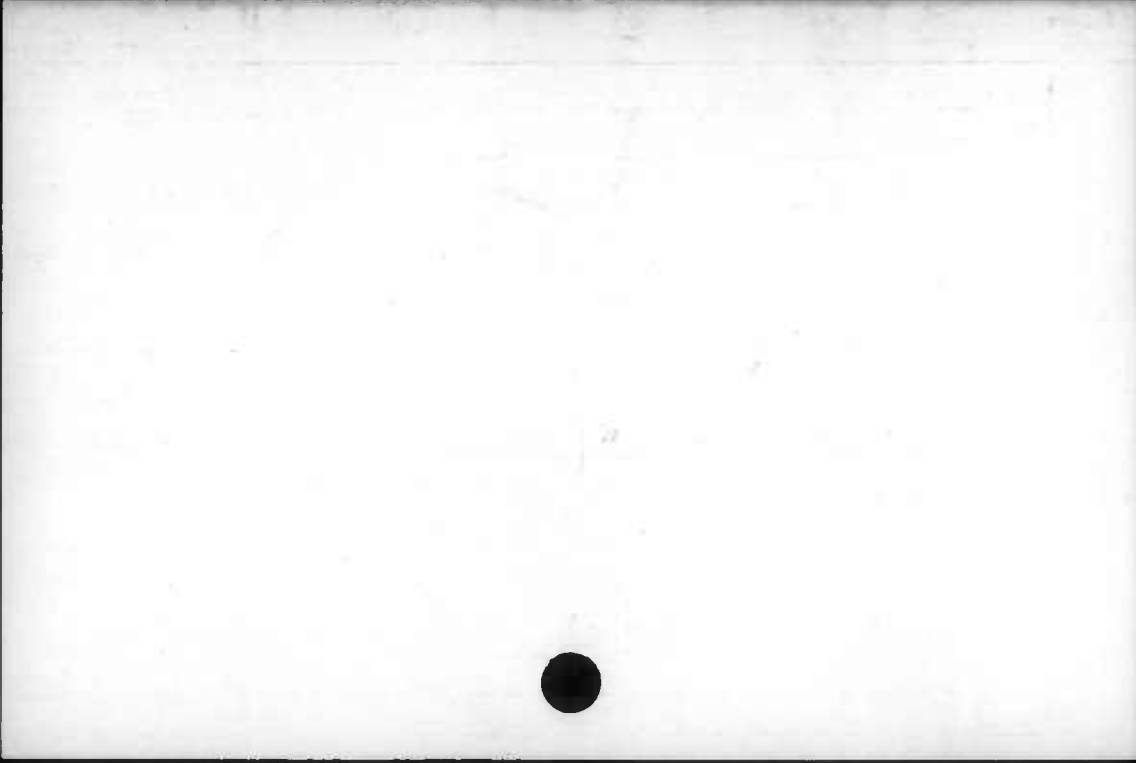
Signature of Physician

H. M. Blader

Address

Reston town Md

Accident or Suicide



Name
in
Full

Baby Croce

X
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at <u>242 Bouldin</u>		Town <u>Balto</u>		County <u>MARYLAND</u>	
Date of death	<u>1909</u>	Month <u>Jan</u>	Day <u>2</u>	Age <u>—</u>	Years <u>—</u>
Sex <u>Female</u>	Color or Race <u>N Luto</u>		Birth-place <u>Baltimore</u>	Months <u>—</u>	Days <u>—</u>
Occupation <u>—</u>			Where Residing if not at place of death <u>242 Bouldin St</u>		
Married, Single or Widowed <u>—</u>			Name of Wife or Husband <u>—</u>		
Father's Name <u>Quentine Croce</u>			Father's Birthplace <u>Italy</u>		
Mother's Maiden Name <u>Annie Croce</u>			Mother's Birthplace <u>Balto</u>		
Name of person giving information <u>Quentine Croce</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Still Birth</u>	How long <u>—</u>
Immediate	<u>Compression of Cord</u>	How long <u>Several hours</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician <u>W. L. Burke</u>
		Address <u>3042 Hudson St.</u>
Accident or Suicide? <u>12</u>		

John A. Muran
Sacred Heart Comm.
Jan 2/05 —

Name
in
Full

Sarah Elizabeth Cuddy

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

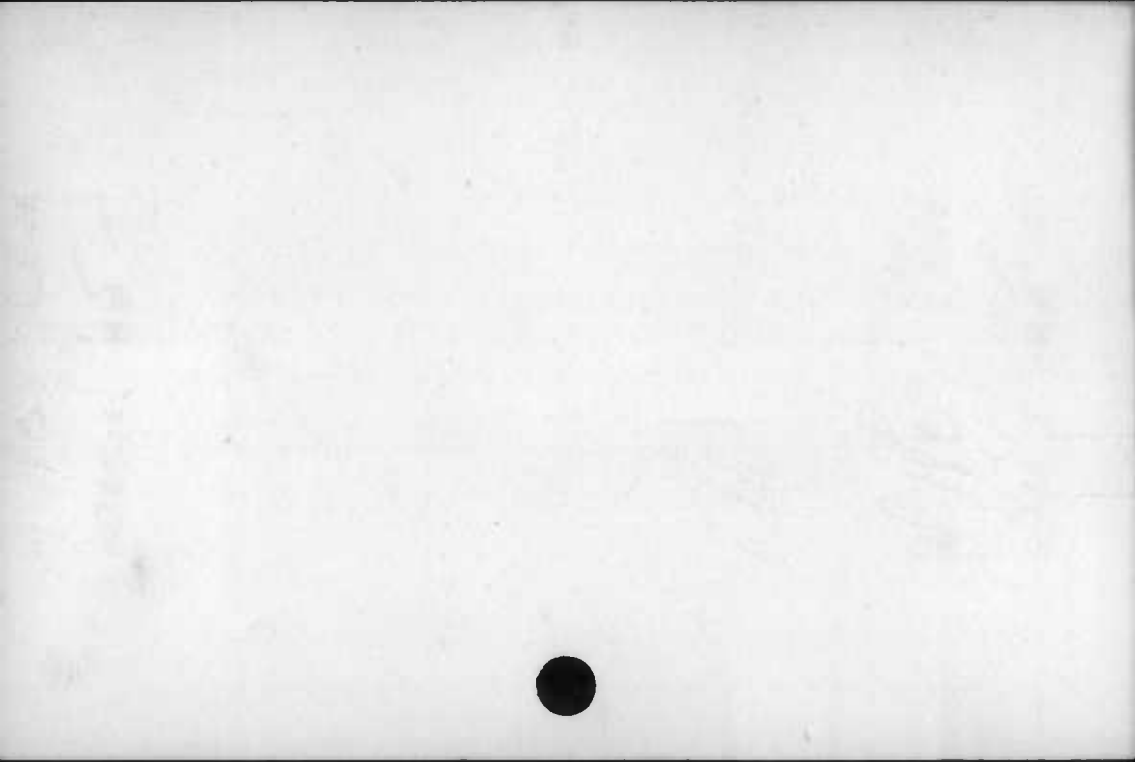
Died at <i>Monticore</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death	<i>1909</i> ^{Year}	<i>Jan</i> ^{Month}	<i>12</i> ^{Day}	<i>74</i> ^{Years}	<i>1</i> ^{Months} <i>25</i> ^{Days}
Sex	<i>Female</i>	Color or Race	<i>white</i>	Birth-place	<i>Baltimore Md.</i>
Occupation	<i>Housework</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband			
Father's Name	<i>John Cuddy</i>			Father's Birthplace	<i>Baltimore Md.</i>
Mother's Maiden Name	<i>Ruth Billingslea</i>			Mother's Birthplace	<i>Baltimore Md.</i>
Name of person giving information	<i>Mrs. Chas. Cuddy</i>			How related to deceased	<i>Servic</i>

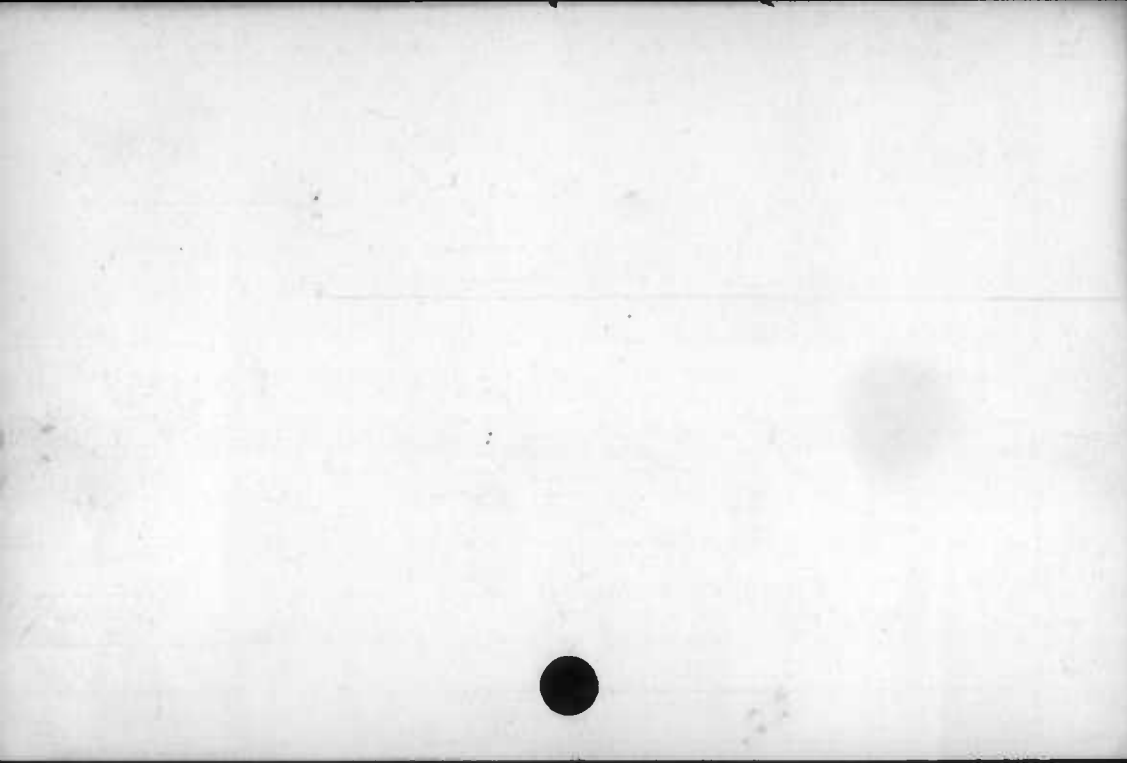
CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

Primary	<i>Paralysis</i>	How long	<i>1 yr.</i>
Immediate	<i>Exhaustion</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. Ross Payne</i>		
	Address <i>Corbett</i>		
	<i>Md. 8</i>		
Accident or Suicide?			





Name
in
Full

George E. Dell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Towson		County Baltimore		MARYLAND	
Date of death		1909	Month Jan	Day 18	Age 61	Years	Months —
Sex		Male		Color or Race		white	
Occupation		Book Binder		Birth-place		Not known	
Married, Single or Widowed		Married		Where Residing if not at place of death		Towson	
Father's Name		Not known		Name of Wife or Husband		Not known	
Mother's Maiden Name		Not known		Father's Birthplace		Not known	
Name of person giving Information		Stephens Clarke		Mother's Birthplace		Not known	
				How related to deceased		None	

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	Pulmonary tuberculosis	How long? Probably 14-15 years
Immediate	Exhaustion	How long Two days
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician A. M. Foster M.D.
		Address Towson, Md.
Accident or Suicide	No	Disinfected - 9th District

John Burns Sons
Towson
Balto. Md
Landon Park
Cannery

Name
in
Full

Mary M. Denny

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town *Towson* County *Baltimore* MARYLAND

Died at *Towson*

Date of death *1909* Month *Jan* Day *11* Age *68* Months *—* Days *—*

Sex *Female* Color or Race *white* Birth-place *Md.*

Occupation *Housewife* Where Residing if not at place of death *Towson*

~~Married, Single or Widowed~~ *Widowed* Name of Wife or Husband *Wm. Denny*

Father's Name *Mrs. Kasner Hammond* Father's Birthplace *Md. Annapolis*

Mother's Maiden Name *Anne Genth* Mother's Birthplace *Md.*

Name of person giving Information *Kasner Denny* How related to deceased *Son.*

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary *Gastritis with Heart Disease* How long *Several Months*

Immediate *Heart Disease* How long *5 or 6 Months*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of
Physician

Address

L. J. Barrett
Towson

John Burns Am

Prospect Hill

Taunton

Name
in
Full

Robert Lee Euker

CERTIFICATE OF DEATH

Town

County

Died at

Pawson

Baltimore

MARYLAND

Date

of death

1909

Month

January

Day

28

Years

Age 40

Months

Days

Sex

Male

Color or
Race

White

Birth-
place

Richmond V

Occupation

Superintendent of Const

Where Residing if not
at place of death

Richmond Va

Married,
Single

or Widowed

Married

Name of Wife or
Husband

Lillian Gattig

Father's
Name

Edward J Euker

Father's
Birthplace

Maryland

Mother's
Maiden Name

Eleanor Kracker

Mother's
Birthplace

Richmond V

Name of person giving
Information

J.H. Seater

How related
to deceased

Brother-in-law

CAUSES OF DEATH

27

Primary

Pulmonary Tuberculosis

How long

Several years.

Immediate

Asthma

How long

2 hours.

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

R.L. Massenburg

Address

Pawson
Ninth District

Accident or Suicide

X

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

3023 W North av

Mrs. Andrew Rohde & Son
 730 Penna Ave
 Balt to Md

Removal to city - place of
 interment not determined

Name

Full

Lawrence Ey

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at Canton TownBalto County

MARYLAND

Date of death 1909 Jan.

Day 11

Age

Years 2

Months 6

Days 12

Sex Male

Color or
Race

White

Birth-
place

Md.

Occupation

Where Residing if not
at place of death

916 Boulder St.

Married, Single
or WidowedName of Wife or
HusbandFather's
Name

John C. Ey

Father's
Birthplace

Md.

Mother's
Maiden Name

Katherine M. Pocock

Mother's
Birthplace

Md.

Name of person giving
In formation

John C. Ey

How related
to deceased

Father

CAUSES OF DEATH

6

PHYSICIAN
OR CORONER

Primary

Measles & diphtheria

How long

Immediate

Pneumonia

How long

3 days

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

C. H. H. H.

Address

Accident or Suicide?

Girkler + Girkler
1739 E. Eager St

Schwartz's Cemetery

Jan 13th 1908

Name
in
Full

Berthold Carl Follmerd

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Fullerton Ind</u> ^{Town}		<u>Balto</u> ^{County}		MARYLAND	
Date of death	<u>1909</u>	<u>1</u> ^{Month}	<u>30</u> ^{Day}	<u>—</u> ^{Years}	<u>10</u> ^{Months} <u>—</u> ^{Days}
Sex	<u>Male</u>		Color or Race	<u>White</u>	
Occupation	<u>None</u>		Where Residing if not at place of death <u>Fullerton Ind</u>		
Married, Single or Widowed	<u>Single</u>		Name of Wife or Husband <u>—</u>		
Father's Name	<u>Berthold Carl Follmerd</u>			Father's Birthplace	<u>Germany</u>
Mother's Maiden Name	<u>Anna E Darr</u>			Mother's Birthplace	<u>"</u>
Name of person giving information	<u>Anna E Follmerd</u>			How related to deceased	<u>Mother</u>

CAUSES OF DEATH

152

PHYSICIAN
OR CORONER

Primary	<u>Amphalitis</u>	How long	<u>3 days</u>
Immediate	<u>Exhaustion</u>	How long	<u>—</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<u>yes</u>		<u>Dr J. H. Gornick</u>	
No physician was called		Address	
<u>Women attending insisted it was not necessary</u>		<u>for Dr J. B. Webster of office of Board of Health Townson</u>	
Accident or Suicide?			

Memorandum
Mrs. Feigert
Tullerton

26

Name
in
Full

Edna E. Garrison

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Sherwood		County Baltimore		MARYLAND	
Date of death		1909	Month Jan	Day 29	Age	Years	Months 1
Sex Female		Color or Race white		Birth- place Sherwood			
Occupation None		Where Residing if not at place of death Sherwood					
Married, Single or Widowed Single		Name of Wife or Husband None					
Father's Name Scott Garrison		Father's Birthplace Md					
Mother's Maiden Name Mertle Montgomery		Mother's Birthplace Balls City					
Name of person giving Information Mertle Garrison		How related to deceased Mother					

CAUSES OF DEATH

150

How long

Primary Failure of Foramen Ovale to Close

Immediate

How long

Acute

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

H. Burton Shmason
Rider

Accident or Sulfida

PHYSICIAN
OR CORONER

John Burns Sons

Town.

David Ridge
Cemetery

Name
in
Full

Mary Grisser

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Canton</i>		County <i>Balto</i>		MARYLAND	
Date of death		Month <i>Jan</i>	Day <i>13</i>	Age <i>34</i>		Months —	Days —
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Germany</i>			
Occupation <i>None</i>				Where Residing if not at place of death <i>3305 O'Donnell St</i>			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband					
Father's Name —				Father's Birthplace <i>Germany</i>			
Mother's Maiden Name —				Mother's Birthplace —			
Name of person giving Information <i>Paul</i>				How related to deceased <i>79</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Nitral Insufficiency</i>		How long <i>unknown</i>
Immediate <i>Dilatation of heart</i>		How long <i>3 mos.</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>M. J. McAwoy M.D.</i>
		Address <i>839 S. Canton St. Balt. Md.</i>
Accident or Suicide		

St Mathia Cem

Jan 15th 1909

St Nicolaus + son

1820 Canton Ave

Name
in
Full

Lucius Tuckerman Gibbs

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

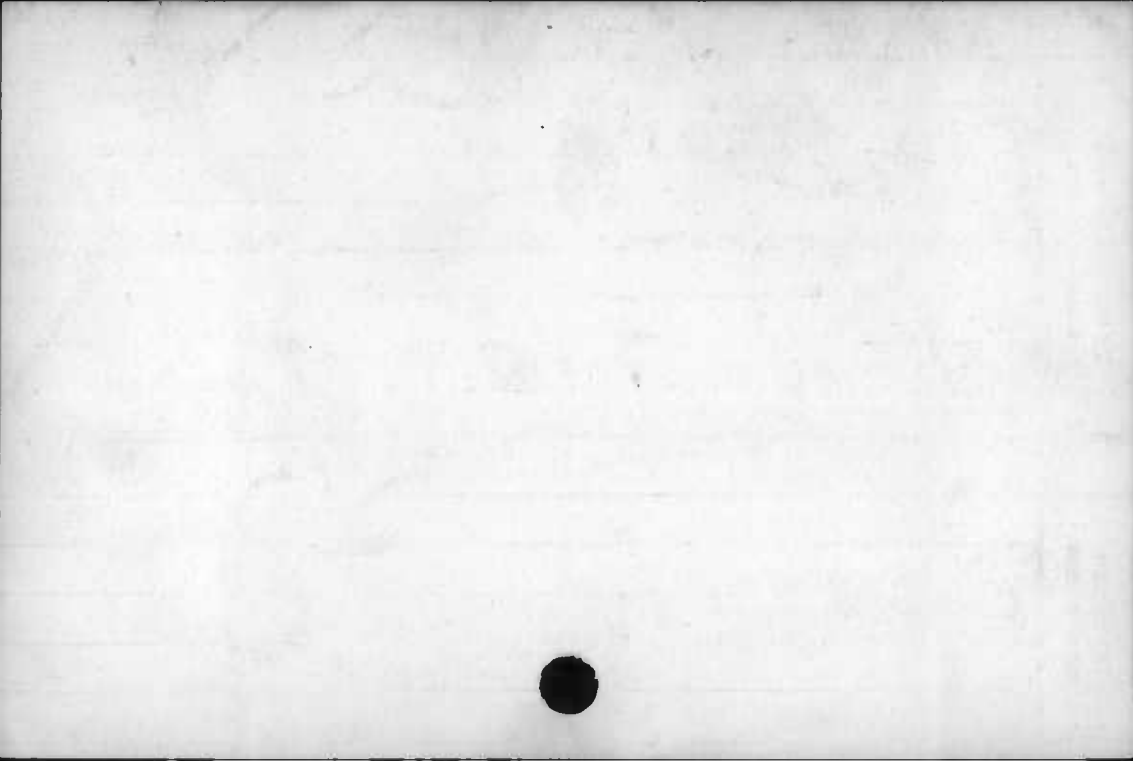
Died at <u>Chattanooga</u> ^{Town}		<u>Baltimore Co</u> ^{County}		MARYLAND	
Date of death	1909	Month	January	Day	22 nd
Age	39	Years		Months	11
				Days	8
Sex	male	Color or Race	white	Birth-place	New York City
Occupation	Electrical Engineer		Where Residing if not at place of death Chattanooga		
Married, Single or Widowed	Married	Name of Wife or Husband	Angelica Dues Gibbs		
Father's Name	Francis S. Gibbs			Father's Birthplace	Newport-R.I.
Mother's Maiden Name	Eliza Horner Gibbs			Mother's Birthplace	New York
Name of person giving information	George Gibbs			How related to deceased	Brother

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary	Tuberc Pneumonia	How long	7 days.
Immediate	Anemia + Asphyxia.	How long	-
Are the name, age, sex, color, date and place correctly given above?	Yes.		
Signature of Physician	Thomas A. Brown		
Address	1920 Rutledge St. Baltimore, Md		
Accident or Suicide?	No		3



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Robert J. Gillespie*

Town *Catonsville* County *Balto* MARYLAND

Died at *Catonsville*

Date of death *1909* Month *Jan* Day *21* Age *75* Years Months Days

Sex *male* Color or Race *white* Birth-place *Va*

Occupation *Retired farmer* Where Residing if not at place of death *Richmond Va*

Married, Single or Widowed *Married* Name of Wife or Husband *Ed not know first & name*

Father's Name *Not known* Father's Birthplace *Va*

Mother's Maiden Name *Not known* Mother's Birthplace *Not known*

Name of person giving information *Information taken from Census history* How related to deceased *Not related*

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary *Senile Dementia* How long *Three years*

Immediate *Asphyxia* How long *48 hours*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *Robert J. Gentry M.D.*

Address *Catonsville Md*

Accident or Suicide?

E Madison Mitchell
Pocomoke city Md

Name in Full		Jennie Goller				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Sparrow Point	County Baltimore		MARYLAND	
	Date of death	1909	Month Jan.	Day 8 th	Age 42	Months 4	Days
	Sex	Female		Color or Race	white		Birth- place
	Occupation	Housewife		Where Residing if not at place of death		Sparrow Point	
	Married, Single or Widowed	Single		Name of Wife or Husband		Adam Goller	
	Father's Name	Henry Weston				Father's Birthplace	England
	Mother's Maiden Name	unknown				Mother's Birthplace	unknown
	Name of person giving In formation	Adam Goller				How related to deceased	Husband.
2				CAUSES OF DEATH		10	
PHYSICIAN OR CORONER	Primary		Grip			How long 1 week	
	Immediate		Cardiac Paralysis			How long 1 day	
	Are the name, age, sex, color, date and place correctly given above?		yes			Signature of Physician	
						Address Sparrow Point	
	Accident or Suicide?		no			m.d. 15	



Name
in
Full

CERTIFICATE OF DEATH

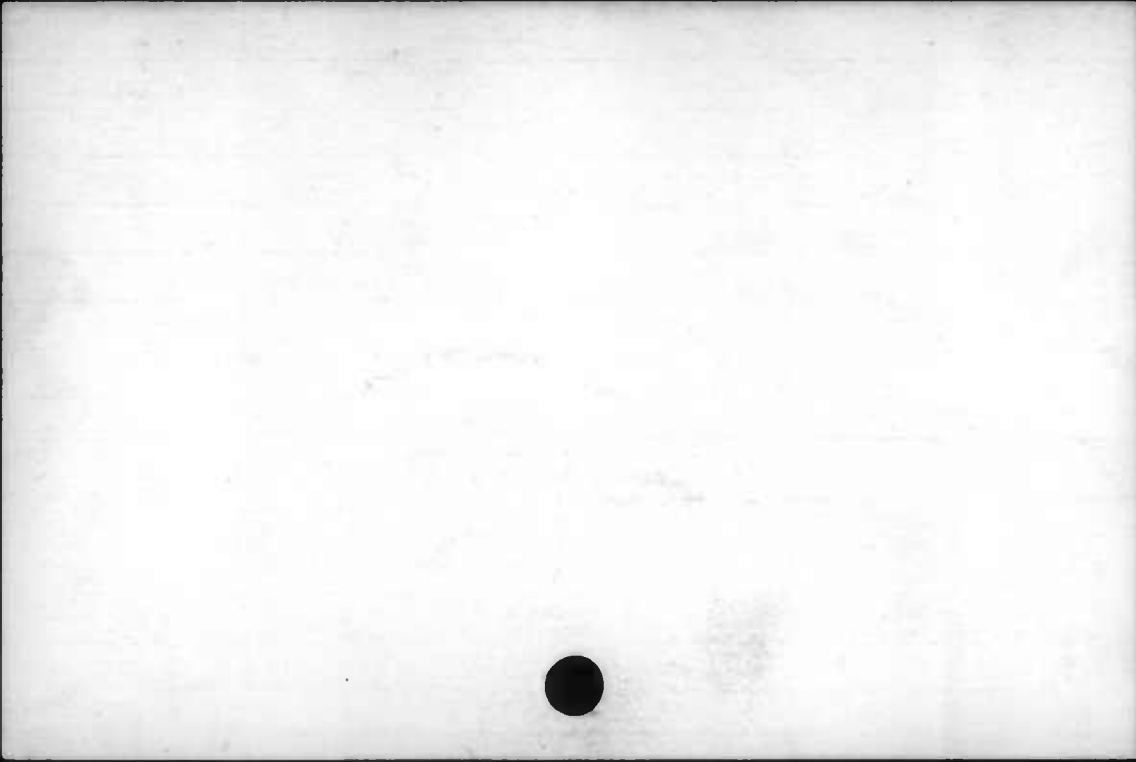
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Joseph Wiffie</i>		Town <i>Chase</i>		County <i>Baltimore</i>		State MARYLAND	
Died at <i>Chase</i>		Month <i>Jan</i>		Day <i>16</i>		Years <i>57</i>	
Date of death <i>1909</i>		Month <i>Jan</i>		Day <i>16</i>		Age <i>57</i>	
Sex <i>Male</i>		Color or Race <i>col</i>		Birthplace <i>md.</i>			
Occupation <i>Sabores</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Unknown</i>					
Father's Name <i>Unknown</i>		Father's Birthplace <i>Unknown</i>					
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>Unknown</i>					
Name of person giving Information <i>Chas. Cooper</i>		How related to deceased <i>None</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Chronic Brights</i>		How long <i>2 years</i>	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>C. V. Moore</i>	
		Address <i>Baltimore, Md.</i>	
Accident or Suicide			



Name
in
Full

Mrs. Mary J Hackett
Town Warren County Balto. Co.

CERTIFICATE OF DEATH

MARYLAND

Died at Date of death 1909 1 Month 7 Day 78 Years Months Days

Sex Female Color or Race White Birth place Chester Co. Pa

Occupation Housewife Where Residing if not at place of death

Married, Single or Widowed Married Name of Wife or Husband Jos. L. Hackett

Father's Name Jos. Murray Father's Birthplace Unknown

Mother's Marden Name Unknown Mother's Birthplace Unknown

Name of person giving information J. W Hackett How related to deceased Son

CAUSES OF DEATH

79

Primary Dilatation of heart How long Do not know

Immediate

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician Dr. F. L. Russell

Address Plover Md

Accident or Suicide? No

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Harveir

Interment at Harveir
June 10th

W. C. Brooks

Name

in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

Died at *St. John* Town *Baltimore Co* County
 Date of death *1909 Jan 3* Month *3* Day *62* Age *62* Years *3* Months *3* Days
 Sex *male* Color or Race *white* Birth-place *Brooklyn*
 Occupation *attendant* Where Residing if not at place of death *St. John*
 Married, Single or Widowed *Single* Name of Wife or Husband

Father's Name *on known* Father's Birthplace *unknown*
 Mother's Maiden Name *unknown* Mother's Birthplace *unknown*
 Name of person giving information *Dr. Roy Smith* How related to deceased

CAUSES OF DEATH

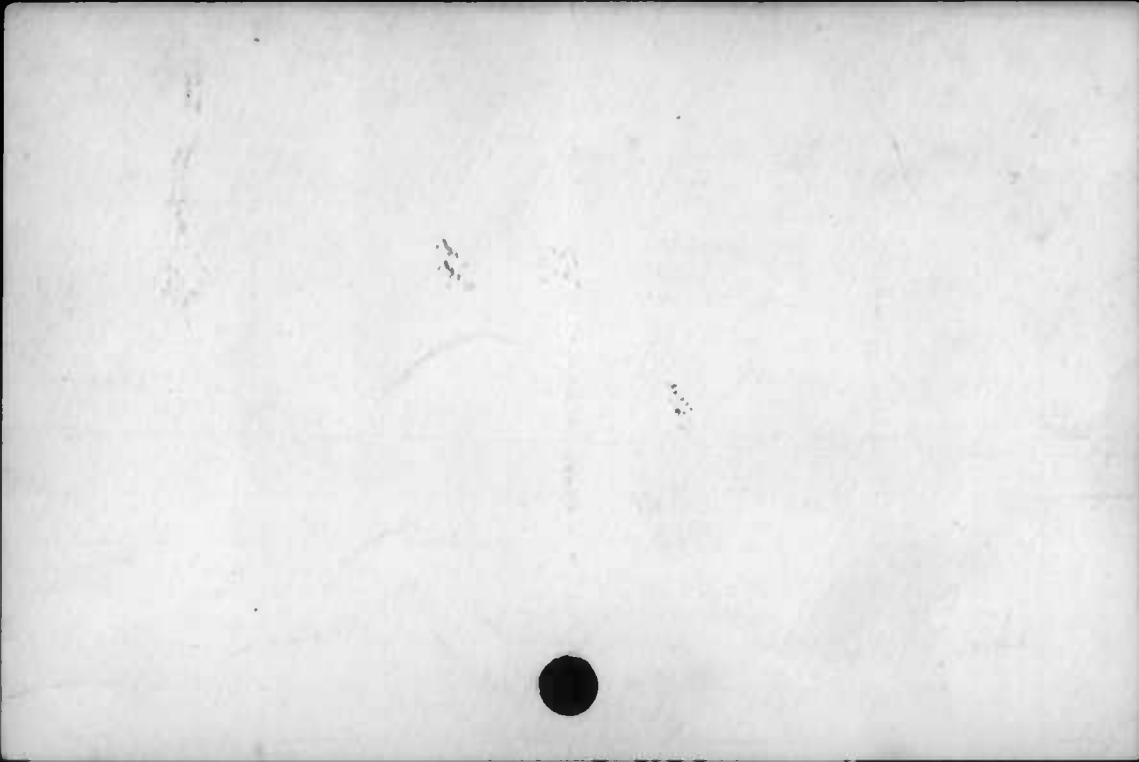
120

Primary *Chr. Interstitial Nephritis* How long *12 or 15 years*
 Immediate *Transition* How long *1 year*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *M. R. Eareckson*
 Address *Ex Riese Md*

Accident or Suicide?



Name
in
Full

Edna Anna Hammen

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Canton</u> <small>Town</small>		<u>Balto.</u> <small>County</small>		MARYLAND	
Date of death	190 <u>9</u> <small>Year</small>	<u>Jan</u> <small>Month</small>	<u>17</u> <small>Day</small>	Age <u>9</u> <small>Years</small>	<u>9</u> <small>Months</small>
Sex	<u>Female</u>	Color or Race	<u>White</u>	Birth-place	<u>Balto. Co.</u>
Occupation	<u>None</u>				
Where Residing if not at place of death			<u>2110 S. First St.</u>		
Married, Single or Widowed	<u>Single</u>	Name of Wife or Husband <u>—</u>			
Father's Name	<u>George Hammen</u>			Father's Birthplace	<u>Germany</u>
Mother's Maiden Name	<u>Madaline Hartman</u>			Mother's Birthplace	<u>Balto. Md.</u>
Name of person giving Information				How related to deceased	

CAUSES OF DEATH

92

Primary	<u>Broncho Pneumonia</u>	How long	<u>two weeks</u>
Immediate	<u>Exhaustion</u>	How long	<u>three day</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<u>W. L. Burke M.D.</u>
<u>yes</u>		Address	<u>3042 Hudson St.</u>
Accident or Suicide			

PHYSICIAN
OR CORONER

Sacred Heart Cemetery

Jan 20th 09

Lilly and Zeiker

Undertakers

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

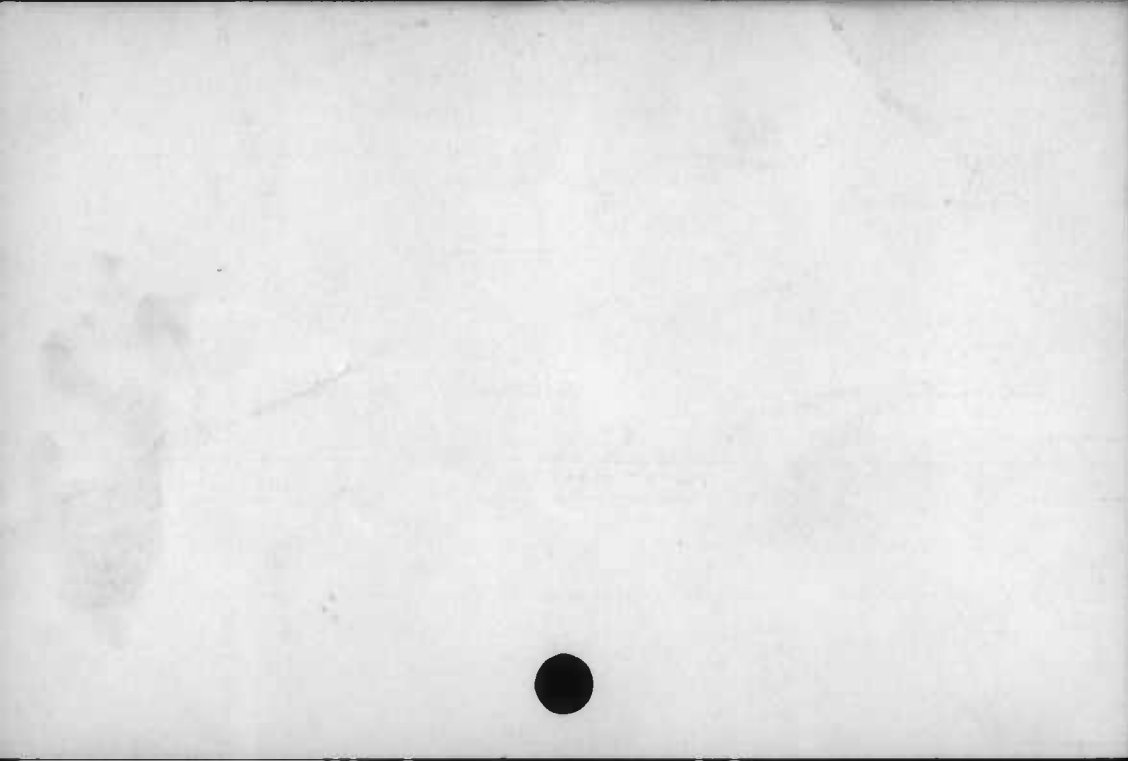
Died at <u>Harrisonville</u>		County <u>Dallas</u>		MARYLAND	
Date of death	Month	Day	Years	Months	Days
1909	January	10	65	1	
Sex	Color or Race		Birth-place		
Male	White		Baltimore		
Occupation			Where Residing if not at place of death		
Laborer			Harrisonville		
Married, Single or Widowed		Name of Wife or Husband			
Single					
Father's Name			Father's Birthplace		
James Hasker			Not known		
Mother's Maiden Name			Mother's Birthplace		
Mary Louise Pitt			Baltimore		
Name of person giving information			How related to deceased		
Jerome Lohbort			No relation		

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary	<u>Hemiplegia</u>	How long	<u>10 yrs</u>
Immediate	<u>Cerebral embolus</u>	How long	<u>10 days</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		<u>Wm. J. Sargent</u>	
		Address	
		<u>Bolton</u>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name: *Elizabeth Harris* Town: *Rockville* County: *Rockville* Maryland

Died at *204 Prospect Ave, Rockville, Md*

Date of death: *1909* Month: *1* Day: *19* Age: *76* Years Months: Days:

Sex: *Female* Color or Race: *White* Birth-place: *England*

Occupation: *None* Where Residing if not at place of death: *—*

Married, Single or Widowed: *Single* Name of Wife or Husband: *—*

Father's Name: *James Harris* Father's Birthplace: *England*

Mother's Maiden Name: *Sophia Smith* Mother's Birthplace: *"*

Name of person giving information: *Niece, Mrs. Harris* How related deceased: *Niece*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary: *Myocarditis* How long: *late 10 yrs*

Immediate: *Exhaustion of heart muscle* How long: *couple days*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician: *Henry T. Cassidy*

Address: *Rockville, Md*

Accident or Suicide? *No*

St. Mary Cemetery
Hampden
Wm Coap
50 2^d North

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>May Elizabeth Harttore</i>		Town <i>Catonville</i>		County <i>Baltimore</i>		MARYLAND	
Died at		Month <i>Jan</i>		Day <i>12</i>		Years <i>58</i>	
Date of death <i>1909</i>		Months <i>1</i>		Days <i>14</i>			
Sex <i>Female</i>		Color or Race <i>White</i>		Birthplace <i>Baltimore Co Md</i>			
Occupation <i>None</i>		Where Residing if not at place of death <i>at home</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>William H Harttore</i>					
Father's Name <i>Frederic Lintner</i>		Father's Birthplace <i>Baltimore Co Md</i>					
Mother's Maiden Name <i>Sarah A Harrington</i>		Mother's Birthplace <i>Baltimore Co Md</i>					
Name of person giving Information <i>William S Harttore</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary <i>Endocarditis. Heart Failure</i>	How long <i>6 months</i>
Immediate <i>Inanition, Cyanosis</i>	How long <i>3 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J Chas Macgill</i>
Filed <i>1909</i>	Address <i>Catonville Md</i>
Accident or Suicide	

Amstrong & Perry.
Ant. Christ

Name
in
Full

William M Harvey

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

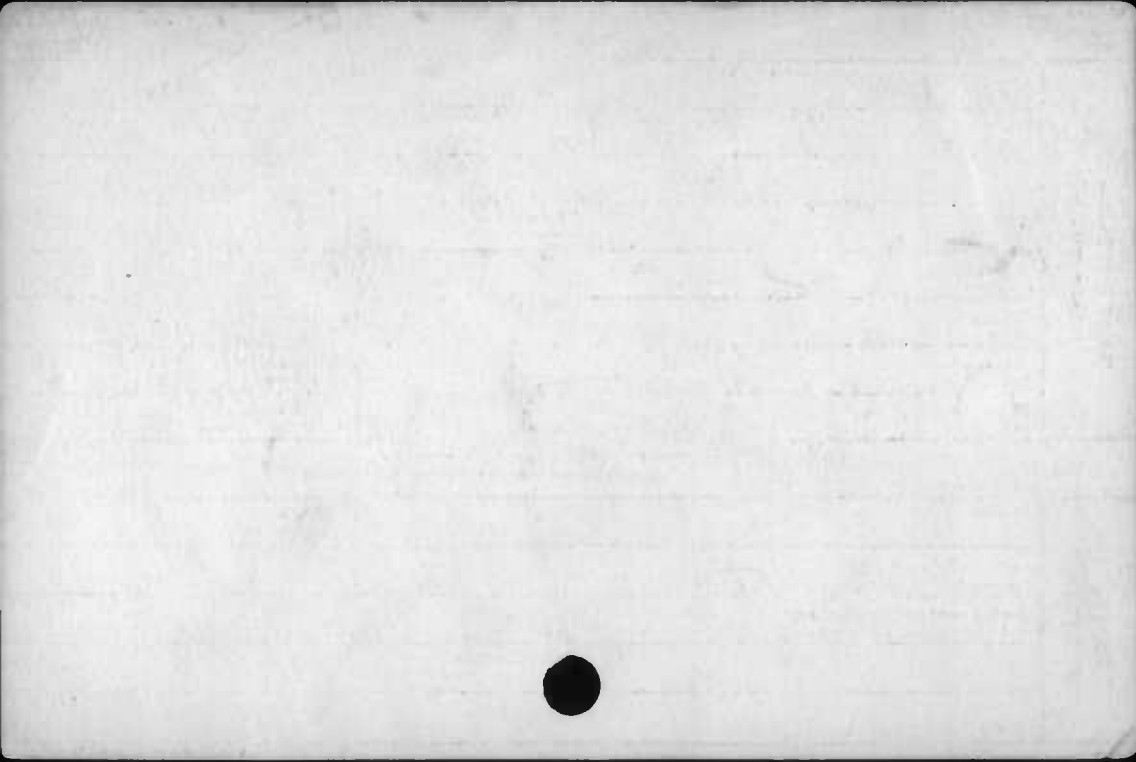
Died at <i>Buck River</i>		Town <i>Baltimore</i>		County <i>Co</i>		MARYLAND	
Date of death	<i>1909</i>	Month <i>Jun</i>	Day <i>16</i>	Age <i>45</i>	Years	Months	Days
Sex <i>male</i>	Color or Race <i>White</i>		Birth-place <i>Ireland</i>				
Occupation <i>Hotel Keeper</i>	Where Residing if not at place of death <i>at place of Death</i>						
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Maggie Harry (Mr Green)</i>						
Father's Name <i>Francis Harry</i>	Father's Birthplace <i>Ireland</i>						
Mother's Maiden Name <i>Not Known</i>	Mother's Birthplace <i>Ireland</i>						
Name of person giving information <i>Maggie Harry</i>	How related to deceased <i>Wife</i>						

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary <i>Chr. Intst Nephritis</i>	How long <i>6 mos.</i>
Immediate <i>Uremia</i>	How long <i>Sudden</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Fred J. Caruthers M</i>
	Address <i>2229 LeBarto St</i>
Accident or Suicide? <i>No</i>	<i>Baltimore Md</i>



Name
in
Full

Emma A Hays

CERTIFICATE OF DEATH

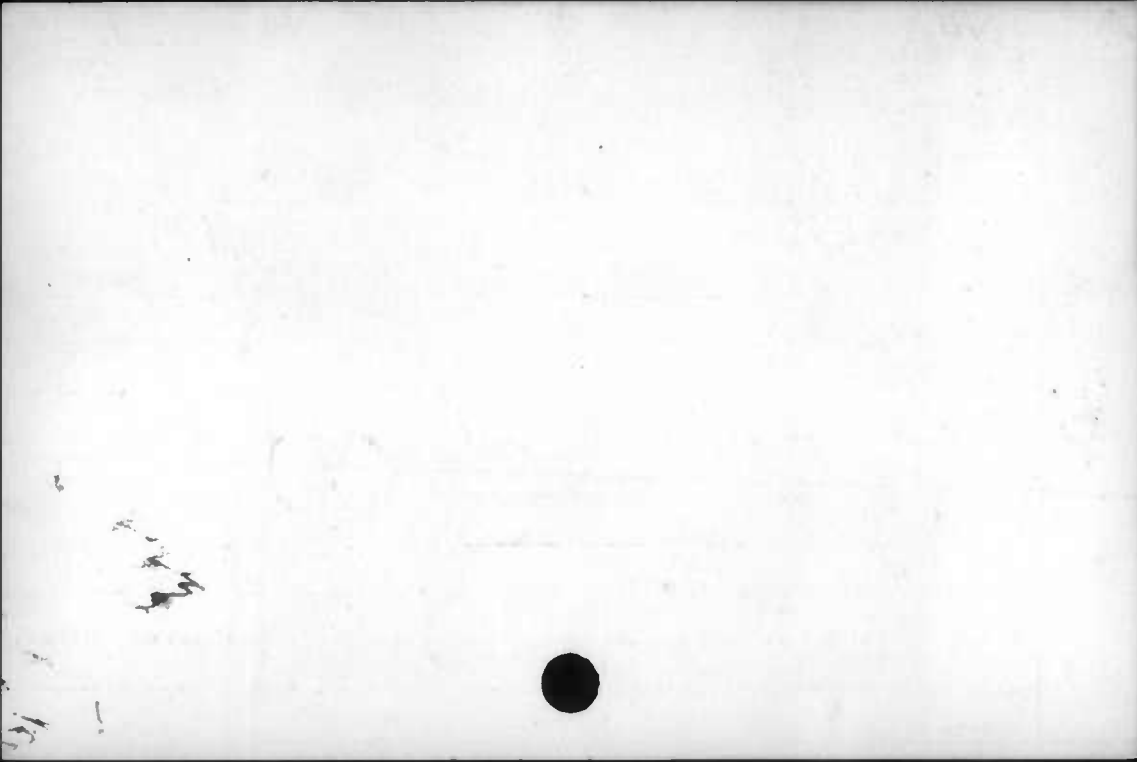
Died at <i>Phoenix</i> ^{Town}		<i>Balto.</i> ^{County}		MARYLAND	
Date of death <i>1909</i>	Month <i>1</i>	Day <i>17</i>	Age <i>52</i>	Years <i>52</i>	Months <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>		
Occupation <i>House wife</i>	Where Residing if not at place of death <i>Phoenix</i>				
<input checked="" type="checkbox"/> Married, Single or Widowed	Name of Wife or Husband <i>John Hays</i>				
Father's Name <i>Barney Bartol</i>	Father's Birthplace <i>Balto Co</i>				
Mother's Maiden Name <i>Wm Thomas</i>	Mother's Birthplace <i>Maryland</i>				
Name of person giving information <i>Will Hays</i>	How related to deceased <i>Son</i>				

TO BE ANSWERED BY
NEAREST FRIEND

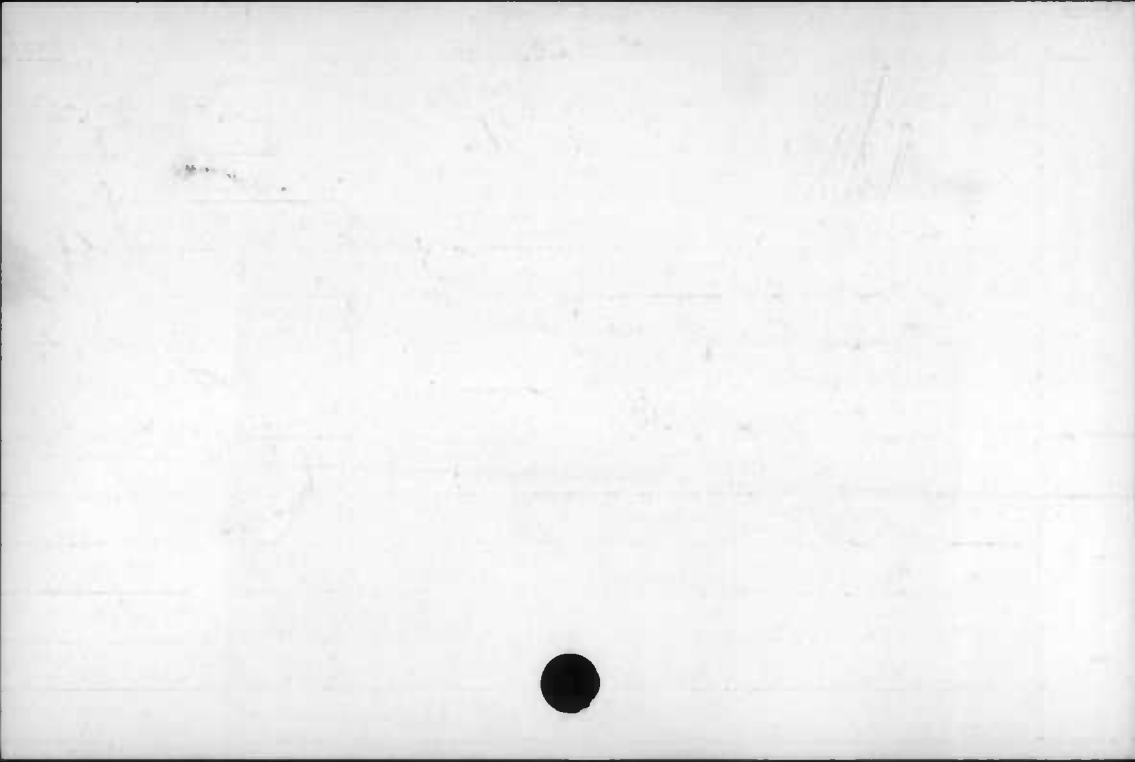
CAUSES OF DEATH

79

PHYSICIAN OR CORONER	Primary <i>Intestinal regurgitation</i>	How long <i>4 years</i>	
	Immediate <i>Pulmonary Adema</i>	How long <i>3 weeks</i>	
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>R. N. Shumantine M.D.</i>	
		Address <i>Glencoe, Ind.</i>	
Accident or Suicide?			



Name in Full		Adam Rudolph Heimmueller				CERTIFICATE OF DEATH							
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Catonsville</i> Town		<i>Baltimore</i> County		MARYLAND							
		Date of death	1909	Month	Jan	Day	12	Age	Years	Months	3	Days	8
		Sex	<i>Male</i>		Color or Race	<i>White</i>		Birth-place	<i>Catonsville</i>				
		Occupation	<i>none</i>			Where Residing if not at place of death							
		Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband								
		Father's Name	<i>Adam Heimmueller</i>					Father's Birthplace	<i>Baltimore Md</i>				
		Mother's Maiden Name	<i>Emma Helen Huse</i>					Mother's Birthplace	<i>Balt Co Md</i>				
Name of person giving information		<i>Adam Heimmueller</i>					How related to deceased	<i>Father</i>					
PHYSICIAN OR CORONER		CAUSES OF DEATH					92						
		Primary	<i>Broncho Pneumonia</i>					How long	<i>1 week</i>				
		Immediate	<i>Coma</i>					How long	<i>12 hours</i>				
		Are the name, age, sex, color, date and place correctly given above?					<i>yes</i>						
		Signature of Physician					<i>Charles L. Mansfield M.D.</i>						
Address					<i>Catonsville Md</i>								
Accident or Suicide?					<i>—</i>								



Name
in
Full

Christian Heckner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Franklinton ^{County} Baltimore MARYLAND

Date of death 1909 Jan 10 Age 68 Years 7 Months 1 Days

Sex Male Color or Race White Birth-place

Occupation Laborer Where Residing if not at place of death

Married, ~~Single~~ Married Name of Wife or Husband Catherine Heckner

Father's Name Andrew Heckner Father's Birthplace Germany

Mother's Maiden Name Amelia Mother's Birthplace

Name of person giving information Catherine Heckner How related to deceased wife

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary Mutual Regurgitation How long 2 years

Immediate Hemiplegia How long 1 day

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician A. C. Smith Address Woodlawn St. Md. 1

Accident or Suicide? —

Cedar Hill

Jos. B. Cook

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name **Frank Edwin Histerhagen**

Died at **Highlandtown** ^{Town} **Salto** ^{County}

Date of death **1909** ^{Month} **June** ^{Day} **1** ^{Age} **1** ^{Years} **6** ^{Months} **30** ^{Days}

Sex **Male** Color or Race **White** Birth-place **Baltimore**

Occupation **None** Where Residing if not at place of death **3321 Myrtle Place**

Married, Single or Widowed **Single** Name of Wife or Husband _____

Father's Name **Frederick Henderhagen** Father's Birthplace **Germany**

Mother's Maiden Name **Sophia F Rott** Mother's Birthplace **Baltimore**

Name of person giving information **Mother** How related to deceased **Son**

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary **Measles** How long **Two days**

Immediate **Pneumonia** How long **Two days**

Are the name, age, sex, color, date and place correctly given above? **Yes**

Signature of Physician **W. Schliker M.D.**

Address **3314 E. Baltimore St.**

Accident or Suicide? **No**

St Pauls Evangelical Church

January 18-09

John A. Moran.

Name
in
Full

Matthias Henkelman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} St. Agnes's Hospital ^{County} Balto.

MARYLAND

Date of death 1909 Jan. 23 Age 58 Months Days

Sex Male Color or Race White Birth-place Maryland

Occupation Stone Repairer Where Residing if not at place of death 1136 Argyle Ave.

Married, Single or Widowed Married Name of Wife or Husband Unknown Fannie Henkelman

Father's Name John Henkelman Father's Birthplace Germany

Mother's Maiden Name Catherine Sarbacher Mother's Birthplace Germany

Name of person giving information Philipena Coulson How related to deceased Unknown

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary Nephritis How long Unknown

Immediate Braemie Coma How long Unknown

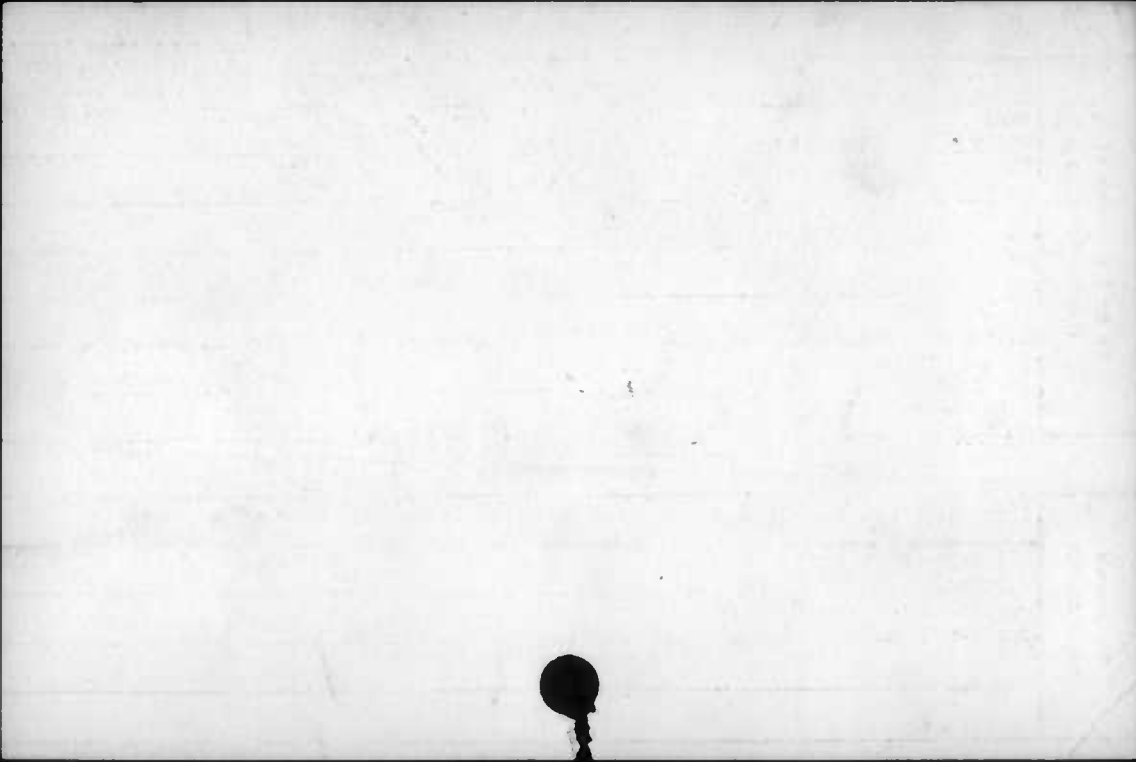
Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician JPS and rock M D

Address St. Agnes's Hospital

Filed 1909

Accident or Suicide?



Name in Full		Emanuel Herman				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Lutherville		County Baltimore.		MARYLAND	
	Date of death	1909	Month Jan.	Day 1	Age 69	Months 3	Days 7
	Sex	male		Color or Race	white		Birth-place Penna.
	Occupation	Retired farmer		Where Residing if not at place of death Lutherville			
	Married, Single or Widowed	widowed		Name of Wife or Husband Sarah M. Weiser			
	Father's Name	Emanuel Herman				Father's Birthplace	Penna.
	Mother's Maiden Name	Unknown				Mother's Birthplace	Unknown
	Name of person giving In formation	E. H. Herman				How related to deceased	Son
		CAUSES OF DEATH				(120)	
PHYSICIAN OR CORONER	Primary	Nephritis + Endocarditis				How long	2 yrs
	Immediate	Coriatic Arteriosclerosis				How long	24 hours
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician	J. Rossell Green, M.D.	
					Address	Baltimore Md.	
	Accident or Suicide?		no				

Please grant Permit
for interment at Gouverneur
Presbyterian Church Ground
and oblige
Stewart W. Mower Co

Name
in
Full

Olive M. Hill

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Roland Park</u> <small>Town</small>		<u>Balto</u> <small>County</small>		MARYLAND	
Date of death <u>1908</u>	<u>Jan</u> <small>Month</small>	<u>7</u> <small>Day</small>	Age <u>17</u> <small>Years</small>	<u>9</u> <small>Months</small>	<u>11</u> <small>Days</small>
Sex <u>Female</u>	Color or Race <u>white</u>	Birth-place <u>Colorado</u>			
Occupation <u>House duties</u>	Where Residing if not at place of death <u>Roland Park</u>				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband				
Father's Name <u>Joseph T. Hill</u>	Father's Birthplace <u>Va</u>				
Mother's Maiden Name <u>Olive M. Goddell</u>	Mother's Birthplace <u>Ill</u>				
Name of person giving information <u>Edw. P. Hill</u>	How related to deceased <u>Uncle</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Typhoid Fever, Pneumonia + Endocarditis</u>	How long <u>17 days</u>
Immediate <u>Exhaustion</u>	How long <u>1 "</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes.</u>	Signature of Physician <u>Thomas J. Talbot</u>
	Address <u>Marlborough Apts.</u>
Accident or Suicide?	

E Madison Mitchell
1201 W Fayette St
interment at
Culpeper Va

Name
in
Full

Edmund H. Hinkle Hite

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Rockland		County Baltimore		MARYLAND	
Date of death		190	Month 9	Day 1	Age 20	Years 6	Months 6
Sex Male		Color or Race White		Birth-place Baltimore		Days	
Occupation —				Where Residing if not at place of death —			
Married, Single Single				Name of Wife or Husband —			
Father's Name Searl Hite				Father's Birthplace Va			
Mother's Maiden Name Bessie Hite				Mother's Birthplace Va			
Name of person giving information Thos. Mannis.				How related to deceased Broth & Son			

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	Enteric Colicities	How long	5 days
Immediate	Toxemia	How long	—
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		H. Burton Shuman	
Address		Rider Md 3	
Accident or Suicide?			

St Marys Hospital
Jan'y 22 1907
W. E. Chenoweth son
919 3rd Ave

Name
in
Full

Margaret Hochner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Catonville		County Baths		MARYLAND	
Date of death		Month Jan	Day 13	Years 43		Months	Days
Sex	Female		Color or Race	White		Birth-place	Germany
Occupation	House Wife		Where Residing if not at place of death		Catonville		
Married, Single or Widowed	Married		Name of Wife or Husband		Herman Hochner		
Father's Name	George Fidler				Father's Birthplace	Germany	
Mother's Maiden Name	Margaret Fidler				Mother's Birthplace	Germany	
Name of person giving information	Herman Hochner				How related to deceased	Husband	

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary	Acute Indigestion		How long	few hours	
Immediate	Heart Failure.		How long	" "	
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician		
			Address		
			Catonville Md		
Accident or Suicide?					

Easton Sons.
Salem County.

Name
in
Full

Eathman's Hoester

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

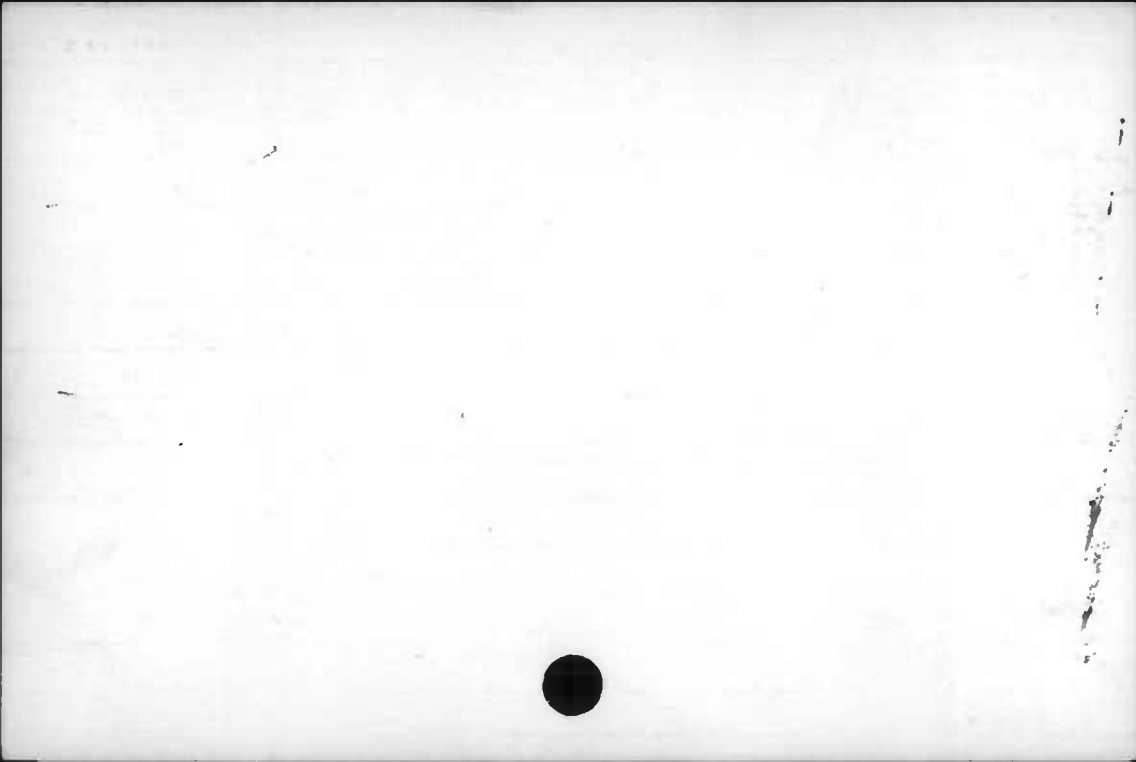
Died at <u>Rossville</u> ^{Town}		<u>Baer</u> ^{County}		MARYLAND	
Date of death	1909	Month	Jan	Day	18
Age	64	Years		Months	
Sex	Female	Color or Race	White	Birth-place	Germany
Occupation	Housewife		Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband			
		Frank Hoester			
Father's Name		Yes, Baier		Father's Birthplace	
				Germany	
Mother's Maiden Name		Margaret Kales		Mother's Birthplace	
				Germany	
Name of person giving Information		Mrs. H. Remminger		How related to deceased	
				Niece	

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	Cardiac Paralysis	How long	—
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
Accident or Suicide			



Name
in
Full

Mary A. Hoffman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Baltimore</i> Town		<i>Baltimore</i> County		MARYLAND		
Date of death <i>1908</i>		Month <i>Jan.</i>	Day <i>6</i>	Years <i>41</i>	Months <i>—</i>	Days <i>—</i>
Sex		Color or Race		Birth-place		
Occupation <i>Housework</i>		Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>Married</i>		Name of Wife Husband <i>Frank Hoffman</i>				
Father's Name <i>Herman Gress</i>		Father's Birthplace <i>Germany</i>				
Mother's Maiden Name <i>Magdalena Wilhelm</i>		Mother's Birthplace <i>Ind.</i>				
Name of person giving information <i>Frank Hoffman</i>		How related to deceased <i>husband</i>				

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary <i>Mitral Regurgitation</i>	How long <i>Several months</i>
Immediate <i>Broken Compensation & Congestive</i>	How long <i>a couple of weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>M. L. Burke</i>
	Address <i>304 2 Hudson</i>
Accident or Suicide?	

Sacred Heart Cemetery

January 9 th

Germanus Francis

Under taken

Name
in
Full

Dead Child of Annie Holland

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Ellicott City</i>		<i>Baltimore</i> County		MARYLAND	
Date of death	1909	Month	January	Day	2
Age	no		Years	no	Months
Sex	female		Color or Race	Col -	
Occupation	none		Birth-place	near Ellicott City	
Where Residing if not at place of death					
Married, Single or Widowed	no		Name of Wife or Husband		
Father's Name	Aubrey Carroll			Father's Birthplace	Unknown
Mother's Maiden Name	Annie Holland			Mother's Birthplace	Maryland
Name of person giving information	Annie Holland			How related to deceased	mother

CAUSES OF DEATH

(S)

PHYSICIAN
OR CORONER

Primary	<i>Infant -</i>		How long	<i>immediate after</i>
Immediate	<i>Unknown</i>		How long	<i>birth</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
		Address		
Accident or Suicide?				

John M. Bone Coroner
Ellicott City

W. d. 1



Name in Full		Town				County		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Poplar Heights</i>				<i>Balto</i>		MARYLAND			
		Date of death <i>1909</i>		Month <i>1</i>	Day <i>6</i>	Age <i>13</i>	Years		Months		Days
		Sex <i>Male</i>		Color or Race <i>Black</i>		Birth-place <i>Balto Co.</i>					
		Occupation <i>_____</i>				Where Residing if not at place of death <i>_____</i>					
		<input checked="" type="checkbox"/> Married, Single		<input type="checkbox"/> Widowed		Name of Wife or Husband <i>_____</i>					
9x		Father's Name <i>William T. Holmes</i>				Father's Birthplace <i>Va.</i>					
		Mother's Maiden Name <i>Harrison Gundy</i>				Mother's Birthplace <i>Va.</i>					
		Name of person giving information <i>William T. Holmes</i>				How related to deceased <i>Father</i>					
		CAUSES OF DEATH				(47)					
PHYSICIAN OR CORONER		Primary <i>Inflammatory Rheumatism</i>				How long <i>9 days</i>					
		Immediate <i>Paralysis of Heart</i>				How long <i>_____</i>					
		Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>				Signature of Physician <i>J. C. Schofield</i>					
						Address <i>148 Forest St.</i>					
		Accident or Suicide? <i>_____</i>									

Asbury Cem.

Jan. 8/1909,

Felix B. Pyle —

Chulsey St —

Name
in
Full

Elmira V. Hook

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

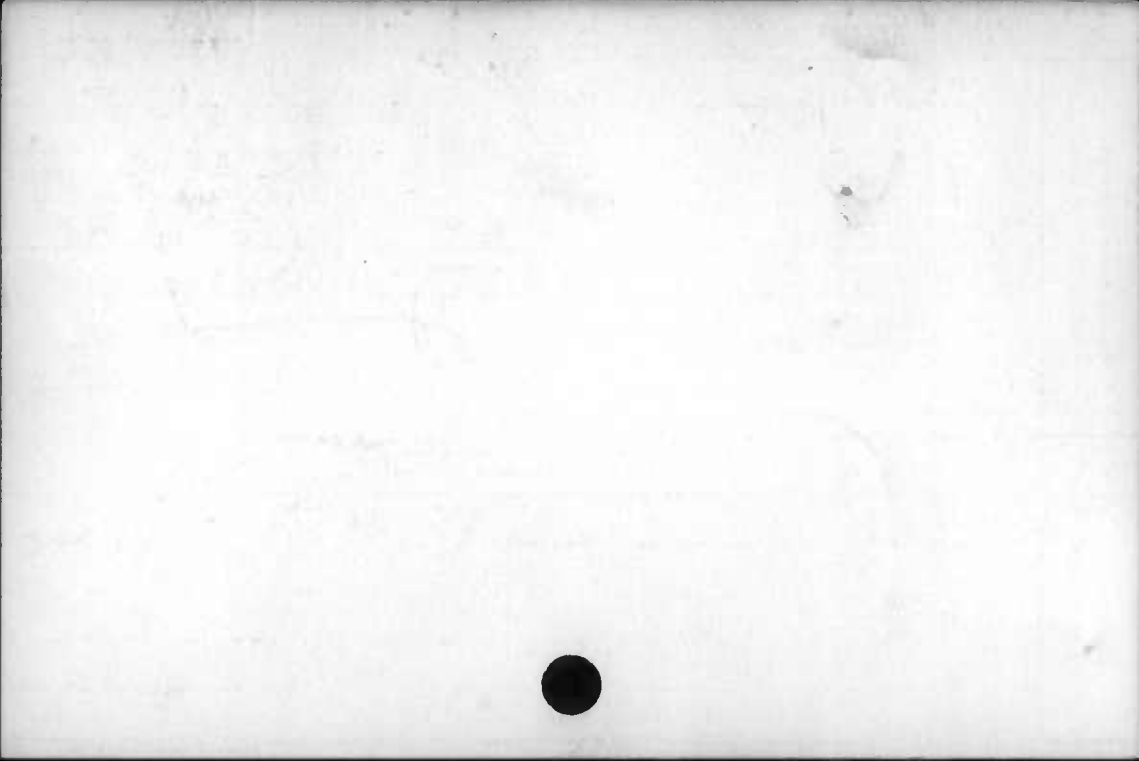
Died at <i>Ching's Mills</i> ^{Town}		<i>Batto</i> ^{County}		MARYLAND	
Date of death <i>1909</i>	Month <i>Jan</i>	Day <i>29</i>	Age <i>76</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Batto co Md</i>		
Occupation <i>None</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>widow</i>	Name of Wife or Husband <i>Thomas Hook</i>				
Father's Name <i>Samuel Hook</i>	Father's Birthplace <i>Batto co Md</i>				
Mother's Maiden Name <i>Sidney Rether</i>	Mother's Birthplace <i>Batto co Md</i>				
Name of person giving information <i>Katie Hagerty</i>	How related to deceased <i>Daughter</i>				

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary <i>Infirmities of Age</i>	How long <i>about one year</i>
Immediate <i>Apoplexy</i>	How long <i>about six hours</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>W. H. Campbell</i>
	Address <i>Ching's Mills, Md</i>
Accident or Suicide?	



Name
in
Full

Frank Hook

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Pimlico</i> <small>Town</small>		<i>Baltimore</i> <small>County</small>		MARYLAND	
Date of death	<i>1909</i> <small>Year</small>	<i>1</i> <small>Month</small>	<i>17</i> <small>Day</small>	<i>58</i> <small>Years</small>	<i>—</i> <small>Months</small>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Balto. Co</i>			
Occupation <i>Laborer</i>	Where Residing if not at place of death <i>Pimlico</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Josephine Brooks</i>				
Father's Name <i>Frank P. Hook</i>	Father's Birthplace <i>Balto. Co</i>				
Mother's Maiden Name <i>do not know</i>	Mother's Birthplace <i>Balto. Co</i>				
Name of person giving information <i>Howard Hook</i>	How related to deceased <i>Son</i>				

CAUSES OF DEATH

106

PHYSICIAN
OR CORONER

Primary <i>Gastro Enteritis</i>	How long
Immediate <i>Exhaustion</i>	How long <i>One Week</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Edwin E. Jones</i>
	Address <i>Arlington</i>
Accident or Suicide?	<i>M 23</i>

Bury at
McKendree
Cemetery

Name
in
Full

May B. Inglis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Salisbury</i> ^{Town}		<i>Balt.</i> ^{County}		MARYLAND	
Date of death <i>1909</i>	Month <i>11</i>	Day <i>22</i>	Age <i>55</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Balt. City</i>		
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>Salisbury</i>			
Married, Single <i>Married</i>	Name of Wife or Husband		<i>Chas. A. Inglis</i>		
Father's Name <i>Mr. Lowrey</i>	Father's Birthplace <i>England</i>				
Mother's Maiden Name <i>Maria's Ferner</i>	Mother's Birthplace <i>England</i>				
Name of person giving information <i>Clarence Inglis</i>		How related to deceased <i>Son</i>			

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary <i>Valvular Insufficiency.</i>	How long <i>Years.</i>
Immediate <i>Heart failure.</i>	How long <i>half hour.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>W. L. Cox</i>
	Address <i>Salisbury.</i>
Accident or Suicide? <i>No</i>	

Secret & Private
Armed & Dangerous

Name
in
Full

Mary E Jewell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at 1084 11 th Orange View		Town		County		Datto	
Date of death 1909		Month		Day		Years	
1909		January		31		Age 48	
Sex Female		Color or Race		White		Birth-place Datto Co	
Occupation Housewife		Where Residing if not at place of death 1084 11 th Orange View					
Married, Single or Widowed		Name of Wife or Husband Saml E. Jewell					
Father's Name My A Galloway		Father's Birthplace Datto Co					
Mother's Maiden Name Janeash Porter		Mother's Birthplace " "					
Name of person giving In formation Saml E. Jewell		How related to deceased Daughter					

CAUSES OF DEATH

10

PHYSICIAN
OR CORONER

Primary	La Grippe	How long	1 week
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician Geo J. Young	
yes		Address 1735 N. B. Street	
Accident or Suicide?			

Louden Park.

Feb 3, 1909,

Robt W. Turner,

undertaken

Broadway & Oliver

Name
in
Full

Bertha Johnson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Towson</i>		County <i>Baltimore County</i>		MARYLAND	
Date of death 190	9	Month <i>January</i>	Day <i>4th</i>	Years <i>30</i>	Age	Months <i>—</i>	Days <i>—</i>
Sex	<i>Female</i>		Color or Race	<i>Black</i>		Birth- place	<i>Fredricks Md</i>
Married, Single or Widowed	<i>Widow</i>			Occupation			<i>domestic</i>
Name of Wife or Husband				<i>do not know</i>			
Father's Name				<i>do not know</i>		Father's Birthplace	<i>Can't tell</i>
Mother's Maiden Name				<i>do not know</i>		Mother's Birthplace	<i>11 "</i>
Name of person giving In formation				<i>Harry Hill</i>		How related to deceased	<i>No relation</i>

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	<i>Pulmonary Tuberculosis</i>	How long	<i>About 12 months</i>
Immediate	<i>Tuberculosis + Heart Disease</i>	How long	<i>10 to 12 months</i>
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	
Signature of Physician		<i>J F Daniels</i>	
Address		<i>Towson</i>	
Accident or Suicide?		<i>9</i>	

Beahut et Elliot

January the 6 1909

Cacerty County

Sandy Bottom

● 2 o'clock

Wednesday

Name in Full		Margaret Jones				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Cotonsville		County Halls.		MARYLAND	
	Date of death	1909	Month Jan	Day 8	Age 42	Months 3	Days
	Sex	Female		Color or Race	Colored		Birth-place
	Occupation	Domestic		Where Residing if not at place of death		Cotonsville Ind.	
	Married, Single or Widowed	Married		Name of Wife or Husband		Henry Jones	
	Father's Name	William King		Father's Birthplace		Va	
	Mother's Maiden Name	Neaton Sheldy		Mother's Birthplace		Va	
Name of person giving information	Henry Jones		How related to deceased		Husband		
<div> <div>CAUSES OF DEATH</div> <div> <div>Primary</div> <div>Pulmonary Consumption</div> <div>How long</div> <div>3 months</div> </div> <div> <div>Immediate</div> <div>General Asthenia</div> <div>How long</div> <div></div> </div> </div>							
PHYSICIAN OR CORONER	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		J. E. Stubby Ind		
			Address		Cotonsville Ind		
	Accident or Suicide?						

Elliott
W Star Cemetery.

Name
in
Full

Margaret Jones

Born Aug 9 1
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Relay		Baltimore		MARYLAND	
Date of death	1909	Month	1	Day	10	Age	5
Sex	Female	Color or Race	Colored	Birth-place	Md		
Occupation	none			Where Residing if not at place of death		At Home	
Married, Single or Widowed				Name of Wife or Husband			
Father's Name	Sam Jones			Father's Birthplace		Md	
Mother's Maiden Name	Alice Snodden			Mother's Birthplace		Ma	
Name of person giving information	Alice Snodden			How related to deceased		Mother	

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary	Pneumonia	How long	4 days
Immediate		How long	

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Harrison T. Jones

Address

Elk Ridge
Md

Accident or Suicide?

Cowan. Hill

Crowdenville

Name
in
Full

Nathan Lemuel Jones

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Blyndon		County		Batts		MARYLAND					
Date of death		1909	Month	Jan	Day	17	Age	Years	45	Months	8	Days	18
Sex		Male		Color or Race		Colored		Birth-place		Virginia			
Occupation		Laborer		Where Residing if not at place of death									
Married, Single or Widowed		Widowed		Name of Wife or Husband		Maria, L. Jones (dead)							
Father's Name		Jonas Jones						Father's Birthplace		Virginia			
Mother's Maiden Name		Martha Shepard						Mother's Birthplace		Virginia			
Name of person giving information		Winfrey. H. White						How related to deceased		Nephew			

9x

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary		Pulmonary Tuberculosis		How long		8 mo	
Immediate		Heart Failure		How long		1 day	
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		Therence	
				Address		Blyndon	
Accident or Suicide?		X				Med	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hamilton</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death <i>1909</i>	Month <i>Jan.</i>	Day <i>8</i>	Years <i>2</i>	Months <i>5</i>	Days <i>29</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Baltimore Md.</i>			
Occupation _____			Where Residing if not at place of death _____		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband _____				
Father's Name <i>Francis A. Kavanagh</i>	Father's Birthplace <i>Balto, Md.</i>		Mother's Birthplace <i>Balto, Md.</i>		
Mother's Maiden Name <i>Augusta Schneider</i>	Name of person giving information <i>Francis A. Kavanagh</i>		How related to deceased <i>Father</i>		

CAUSES OF DEATH

28

PHYSICIAN
OR CORONER

Primary <i>Meningitis, Tuberculosis</i>	How long <i>One month</i>
Immediate <i>"</i>	How long <i>"</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Wm J. Watern</i>
	Address <i>2128 St Paul St, Balto. Md.</i>
Accident or Suicide? <i>no</i>	<i>9</i>

Place of Burial, Loudon Park Cemetery, Baltimore
Undertaker, Henry W. Mears & Son, Baltimore.

Name
in
Full

Lestlie Kerber

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Stiglestown</u> Town		<u>Baets</u> County		MARYLAND	
Date of death <u>1909</u>	Month <u>Jan.</u>	Day <u>17</u>	Age <u>—</u>	Months <u>6</u>	Days <u>10</u>
Sex <u>male</u>	Color or Race <u>white</u>		Birth-place <u>md.</u>		
Occupation <u>none</u>			Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>—</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>Christian Kerber</u>			Father's Birthplace <u>md.</u>		
Mother's Maiden Name <u>Anna Leitke</u>			Mother's Birthplace <u>md.</u>		
Name of person giving Information <u>Christian Kerber</u>			How related to deceased <u>father</u>		

CAUSES OF DEATH

Primary	<u>measles</u>	How long	<u>6</u> Days.
Immediate	<u>Branches Pneumonia</u>	How long	<u>"</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes.</u>		Signature of Physician <u>Dr. F. A. Glantz</u>	
		Address <u>3241 Eastern</u>	
Accident or Suicide			

PHYSICIAN
OR CORONER

Trinity Cem

Jan 19th 1904

J. Nicolaus & son

Name
in
Full

Kate L Koloup

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

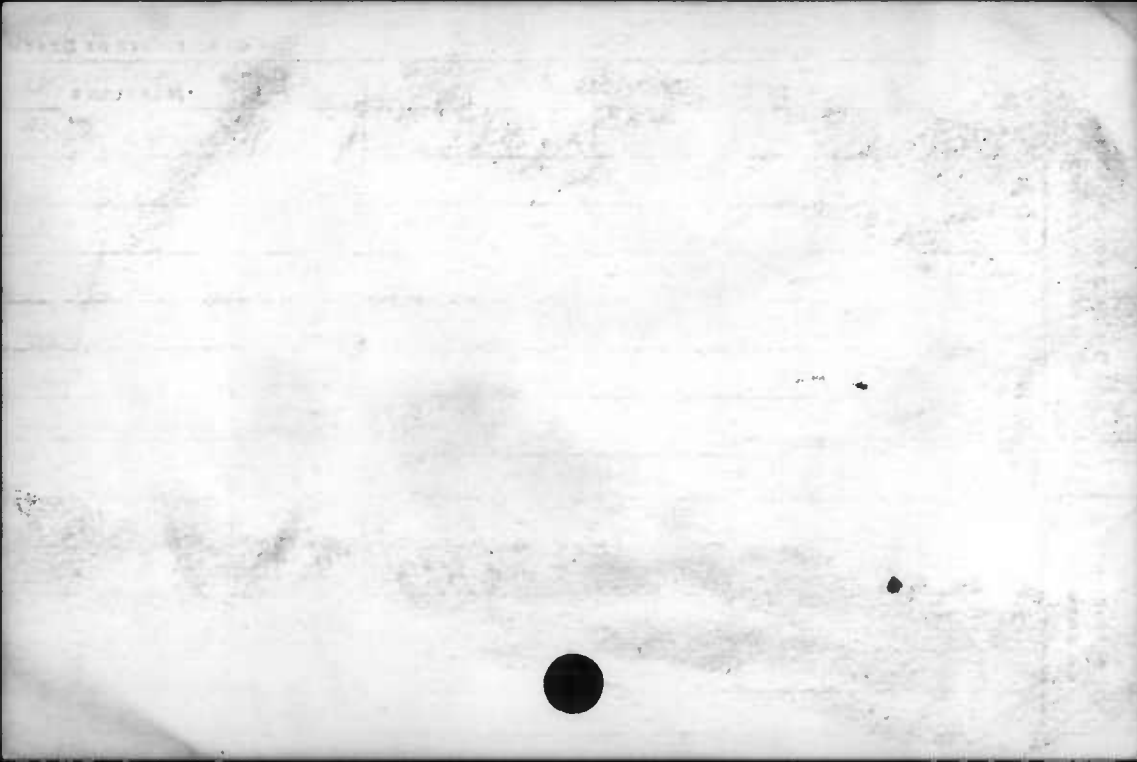
Died at <i>Middle River</i> ^{Town}		<i>Beth</i> ^{County}		MARYLAND	
Date of death <i>1909</i>	Month <i>January</i>	Day <i>11</i>	Years <i>28</i>	Months <i>4</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>md</i>		
Occupation <i>H.W.</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>married</i>	Name of Wife or Husband <i>August Koloup</i>				
Father's Name <i>Fred Yager</i>	Father's Birthplace <i>Germany</i>				
Mother's Maiden Name <i>Rosalia</i>	Mother's Birthplace <i>Germany</i>				
Name of person giving Information <i>Fred Yager</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>1 wk</i>
Immediate <i>Heart Failure</i>	How long <i>few minutes</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>John W. Hamilton M.D.</i>
	Address <i>Middle River md</i>
Accident or Suicide <i>no</i>	



Name
in
Full

William Kornmann

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

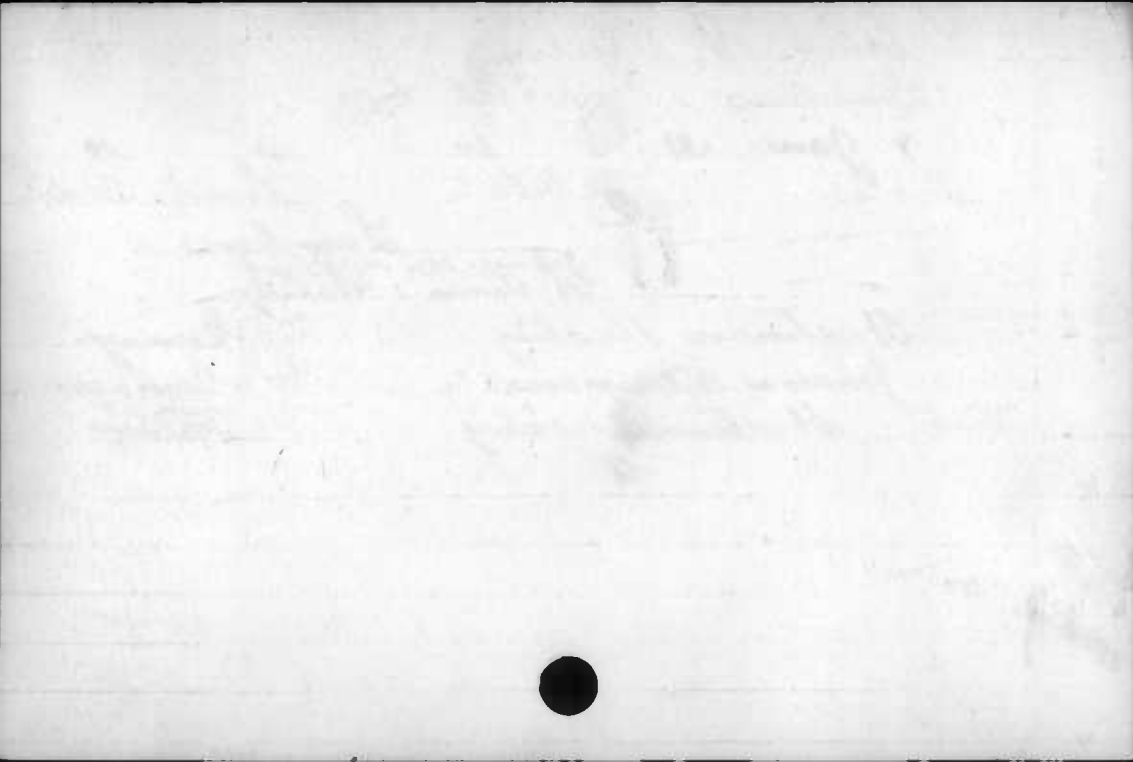
Died at <i>St. Agn's Hospital</i>		Town <i>Balto.</i>		County		MARYLAND	
Date of death <i>1909 Jan. 13</i>		Month <i>Jan.</i>		Day <i>13</i>		Age <i>6</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Baltimore</i>			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed <i>Single</i>				Name of Wife or Husband			
Father's Name <i>Henry F. Kornmann</i>				Father's Birthplace <i>Baltimore, Md.</i>			
Mother's Maiden Name <i>Mary L. Murbeck</i>				Mother's Birthplace <i>Baltimore, Md.</i>			
Name of person giving information				How related to deceased			

CAUSES OF DEATH

118

PHYSICIAN
OR CORONER

Primary <i>Peritonitis - appendicitis</i>	How long <i>3 - days</i>
Immediate <i>Shock</i>	How long <i>two hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. R. Sandrock</i>
	Address <i>St. Agn's Hospital</i>
Accident or Suicide?	



Name in Full		Lutcher, H. Kraling				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town		County		MARYLAND
	Lonsdale		Bolt		bo		
	Date of death	1909	Month	Jan	Day	31	Age
	2		Months		1		Days
	10		Sex		White Male		Color or Race
	White		Birth-place		Lonsdale Bolt		
	Occupation		Where Residing if not at place of death		Lonsdale		
Married, Single or Widowed		Name of Wife or Husband		John M. Kraling		Hortman Kraling	
Father's Name		Hortman Kraling		Father's Birthplace		Germany.	
Mother's Maiden Name		Johanna Neaman		Mother's Birthplace		Germany.	
Name of person giving information		Hortman Kraling		How related to deceased		Father	
9		CAUSES OF DEATH		9			
PHYSICIAN OR CORONER	Primary		Diphtheritic Croup.		How long		2 days
	Immediate		Exhaustion		How long		1 day
	Are the name, age, sex, color, date and place correctly given above?		yes.		Signature of Physician		Frank H. Ruhl
					Address		Lonsdale, Pa Co. Md.
Accident or Suicide?							

Nicholas Fink

Western Cemetery.

Name
in
Full

Frances A. Kromling

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} Canton ^{County} Balto. **MARYLAND**Date of death 190 ^{Month} 9 ^{Day} 1 ^{Year} 30 Age ^{Months} 64 ^{Days} -

Sex Female Color or Race White Birth-place Balto.

Occupation None Where Residing if not at place of death 3322 Hudson St.

Married, Single or Widowed Widow Name of Wife or Husband Henry Kromling

Father's Name Unknown Father's Birthplace Balto.

Mother's Maiden Name Unknown Mother's Birthplace " "

Name of person giving Information Mary Kromling How related to deceased Daughter

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary Bright Disease of Kidney about 1 yr. How long

Immediate Uræmic Poisoning How long

Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician J. Warner M.D.

Address 320 Highland St.

Accident or Suicide no

Mt Carmel Lem
J Herwig & Son

2/3/09

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

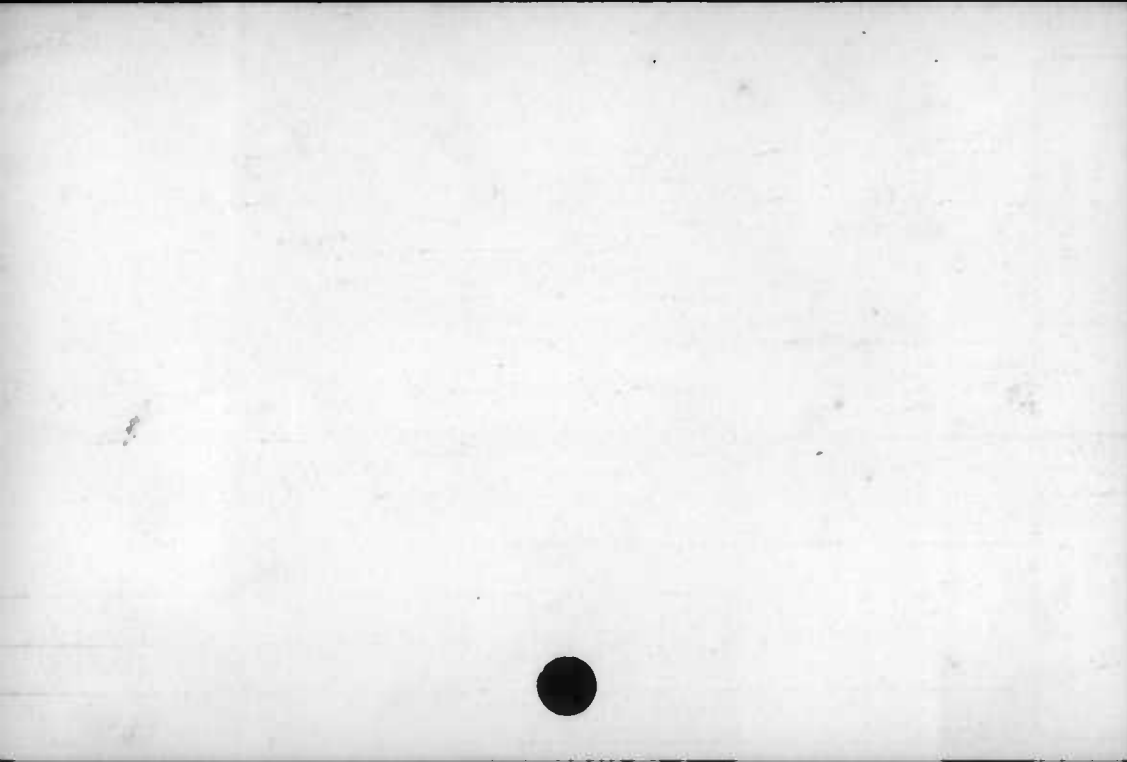
Name in Full Edward Lee		Town Catonsville		County Balto		MARYLAND	
Died at		Date of death 1909		Month Jan		Day 9	
Sex Male		Color or Race Black		Age —		Years 3	
Occupation Not Any		Birthplace Maryland		Where Residing if not at place of death 107 Winters Ave		Months —	
Married, Single		Name of Wife or Husband Not Any		Father's Name Mannuel Lee		Father's Birthplace Maryland	
Mother's Maiden Name Ella Gowers		Name of person giving information Mannuel Lee		Mother's Birthplace Maryland		How related to deceased Father	

CAUSES OF DEATH

90

PHYSICIAN
OR CORONER

Primary	Bronchitis	How long	3 weeks
Immediate	asthenia	How long	1 week
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician Marshall B West.	
		Address Catonsville	
Accident or Suicide? —		md.	



Name
in
Full

CERTIFICATE OF DEATH

Elysa Lepley

Town

County

MARYLAND

Died at

Reisterstown

Baltimore

Date

of death 1909

Month

Jan

Day

5

Age

Years

80

Months

10

Days

21

Sex

Female

Color or
Race

White

Birth-
place

Pa

Occupation

None

Where Residing if not
at place of deathMarried, Single
or Widowed

Widow

Name of Wife or
Husband

Rev. C. Lepley (Deceased)

Father's
Name

Jacob Bossmann

Father's
Birthplace

Pa

Mother's
Maiden Name

Unknown

Mother's
Birthplace

Unknown

Name of person giving
Information

Geo. A. King

How related
to deceased

Son

CAUSES OF DEATH

64

Primary

Dysentery 7 days

How long

5 yrs

Immediate

Apoplexy

How long

Sudden

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

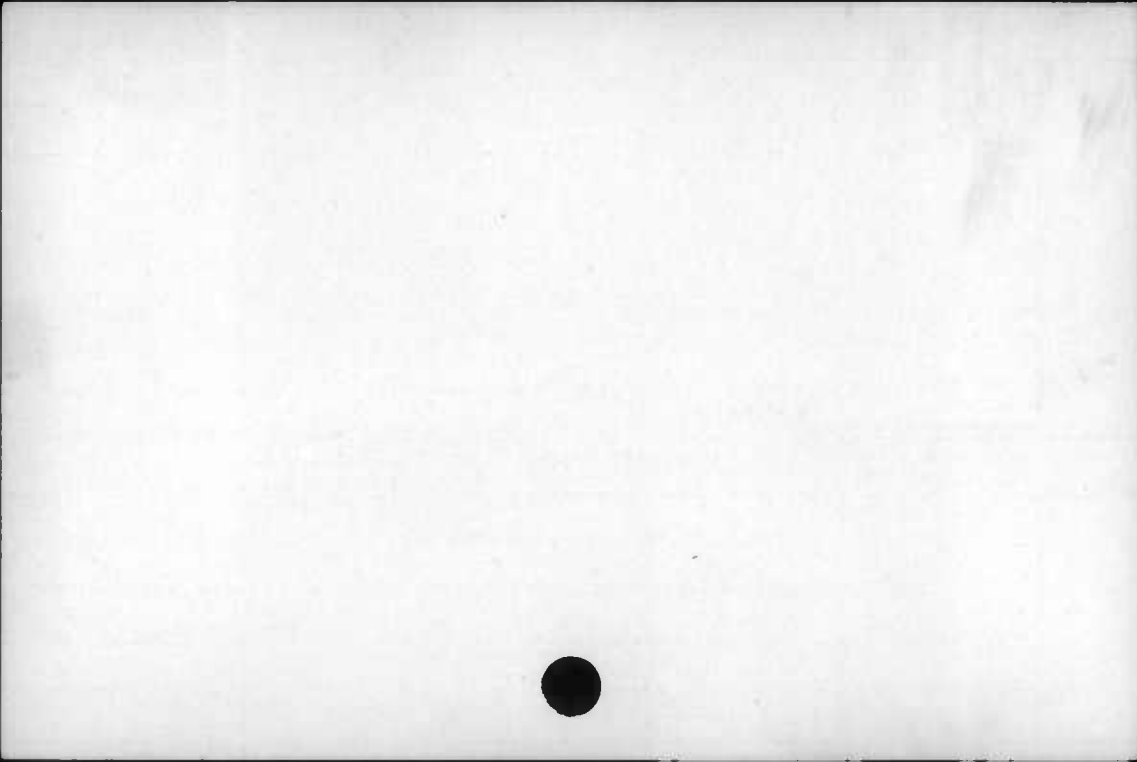
J. M. Slade

Address

Reisterstown Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Sylvia Lind

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Highlandtown</u>		County <u>Balto.</u>		MARYLAND	
Date of death <u>1909</u>	Month <u>Jan</u>	Day <u>30</u>	Age <u>22</u>	Months <u>5</u>	Days <u>8</u>
Sex <u>Female</u>	Color or Race <u>white</u>	Birth-place <u>New York</u>			
Occupation <u>clerical</u>	Where Residing if not at place of death <u>—</u>				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>—</u>				
Father's Name <u>Gustava Lind</u>	Father's Birthplace <u>Sweden</u>				
Mother's Maiden Name <u>Christina Jansson</u>	Mother's Birthplace <u>Sweden</u>				
Name of person giving Information <u>Albert Lind</u>	How related to deceased <u>Brother</u>				

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary <u>Lobar Pneumonia</u>	How long <u>6 days.</u>
Immediate <u>Cardiac Failure</u>	How long <u>2 days.</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Dr. J. A. Gearty</u>
	Address <u>3241 Eastern Ave. E. b.</u>
Accident or Suicide <u>11</u>	

Crowley Bros
Undertakers
For Burial in
Mt Carmel Cem.
Feb. 1st / 1909.

Name
in
FullEmma A. McCullough
Town Parkton County Balto

CERTIFICATE OF DEATH

MARYLAND

Died at

Date

of death

1909

Month

1

Day

26

Age

Years

18

Months

4

Days

19

Sex

Female

Color or
Race

White

Birth-
place

Balto Co

Occupation

Housewife

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

Chas C McCullough

Father's
Birthplace

Md

Mother's
Maiden Name

Mary A Gough

Mother's
Birthplace

Md

Name of person giving
information

Mary A McCullough

How related
to deceased

Mother

CAUSES OF DEATH

1

Primary

Typhoid Fever

How long

21 days

Immediate

Intestinal hemorrhage

How long

10 hours

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

E. M. Heyde, M.D.

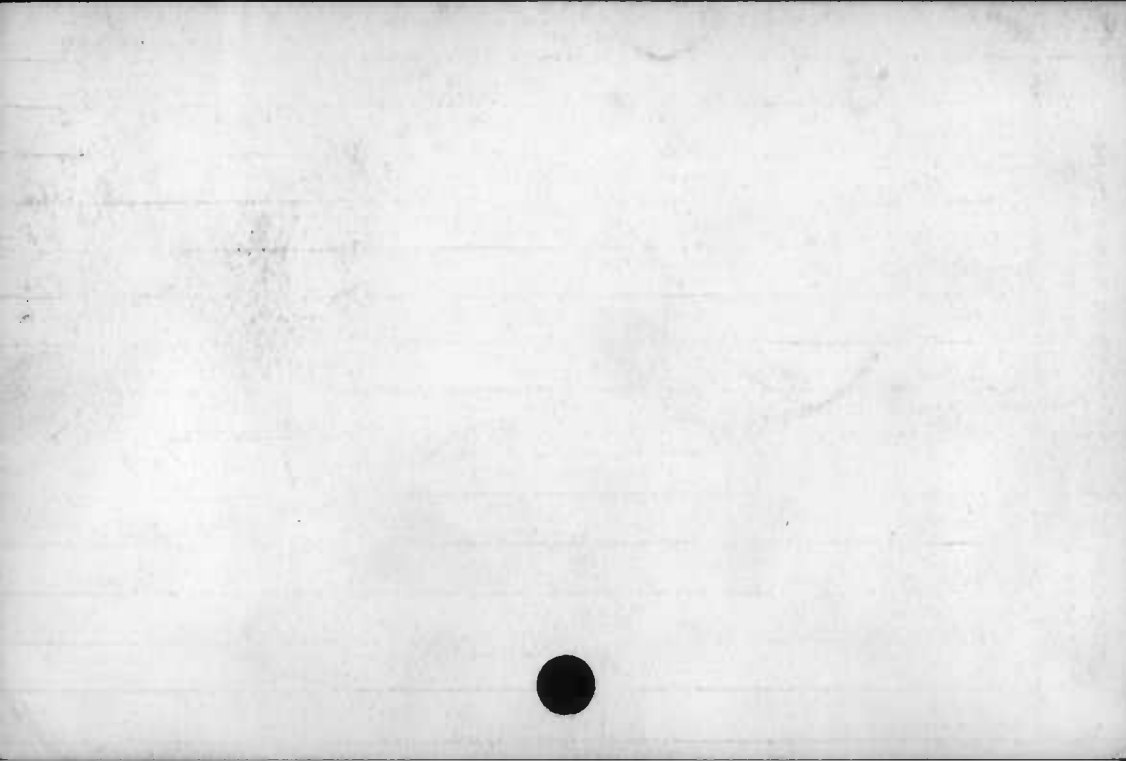
Address

Parkton

Accident or Suicide?

No.

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Mary McEllice

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Mt Hope Reprical</i> <i>Balto</i> County			
Date of death <i>1909 Jan</i>	Month <i>Jan</i>	Day <i>13th</i>	Years <i>60</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Pa.</i>	Months <i>not known</i>
Occupation <i>Religious</i>	Where Residing if not at place of death <i>Sharon Pa.</i>		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband		
Father's Name <i>not known</i>	Father's Birthplace <i>not known</i>		
Mother's Maiden Name <i>" "</i>	Mother's Birthplace <i>" "</i>		
Name of person giving information <i>Recds Mt Hope</i>	How related to deceased <i>not at all</i>		

CAUSES OF DEATH

68

PHYSICIAN
OR CORONER

Primary <i>Melancholia</i>	How long <i>over 12 mos.</i>
Immediate <i>Ex. Pul. Congestion & H. Clot</i>	How long <i>abt an hour</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Frank J. Filanney</i>
	Address <i>Mt Hope Reprical</i>
Accident or Suicide?	



Name
in
Full

Isabel C. McGunigle

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Highlandtown ^{County} Balto MARYLAND
Date of death 1909 ^{Month} 1 ^{Day} 9 Age ^{Years} 2 ^{Months} 2 ^{Days}
Sex Female Color or Race White Birth-place Balto Co
Occupation None Where Residing if not at place of death 3423 Blairmont

Married, Single or Widowed — Name of Wife or Husband —
Father's Name John McGunigle Father's Birthplace Balto
Mother's Maiden Name Amelia Ritz Mother's Birthplace " "
Name of person giving Information John McGunigle How related to deceased Father
CAUSES OF DEATH 6

PHYSICIAN
OR CORONER

Primary Measles, How long 2 weeks
Immediate Pneumonia How long 2 weeks
Are the name, age, sex, color, date and place correctly given above? yes
Signature of Physician J. C. Schreffel
Address 148. F. inst.
Accident or Suicide

Oak Lawn Cemetery
Merwinston
2008 Orleans St
1/10/09

Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

MARYLAND

Died at *Joseph M. Guinness*
*Ballo, Co. Alushouse*Date of death *1909* *1* Month *2* Day *65* Years *—* Months *—* DaysSex *Male* Color or Race *White* Birth-place *Unknown*Occupation *Unknown* Where Residing if not at place of death *as above*Married, Single or Widowed *Unknown* Name of Wife or Husband *Unknown*Father's Name *Unknown* Father's Birthplace *Unknown*Mother's Maiden Name *Unknown* Mother's Birthplace *Unknown*Name of person giving information *Alushouse Register* How related to deceased *—*

CAUSES OF DEATH

27

Primary *Pulmonary & Intestinal* How long *For Years*
Tuberculosis How longImmediate *Yes*Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *Dr. T. C. Bussay*Address *Texas*Accident or Suicide? *No* *Md* *9*

G. L. Hurley
Driver for Anatomy
board for anatomical
board uses.

Name
in
Full

Louise Mary McLaughlin

CERTIFICATE OF DEATH

Died at ^{Town} Endwood San, Towson^{County} Baltimore

MARYLAND

Date
of death 1909 Jan.

Day 11

Age 19

Months 3

Days

Sex Female

Color or
Race WhiteBirth-
place Baltimore

Occupation

Student

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

Charles P. McLaughlin

Father's
Birthplace

Baltimore

Mother's
Maiden Name

Louise Walden

Mother's
Birthplace

Baltimore

Name of person giving
In formation

Mrs. Rose Keating

How related
to deceased

Aunt

CAUSES OF DEATH

27

Primary

Pulmonary Tuberculosis

How long

Several years.

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

S. Wickers Merritt, M.D.

Address

Endwood Sanatorium
Towson, Balto. Co., Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

L. H. M. S. Flynn

Cathedral Cemetery

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Highlandtown</i> ^{Town} <i>Balto</i> ^{County}		MARYLAND	
Date of death 1909	Month <i>Jan</i>	Day <i>15th</i>	Years <i>16</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Sparrows Point</i>	Months <i>8</i>
Occupation <i>None</i>	Where Residing if not at place of death <i>—</i>		
Merriad, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>		
Father's Name <i>Andrew M^c Nulty</i>	Father's Birthplace <i>Ireland</i>		
Mother's Maiden Name <i>Mary Mann</i>	Mother's Birthplace <i>England</i>		
Name of parson giving Information	How related to deceased <i>63</i>		

CAUSES OF DEATH

Primary <i>Chronic Polio Myelitis</i>	How long <i>unknown</i>
Immediate <i>Paralysis of heart</i>	How long <i>— 1 hour.</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>M. J. Mc away M.D.</i>
	Address <i>839 S. Baltimore</i>
Accident or Suicida	

PHYSICIAN
OR CORONER

New Cathedral Cemetery

Jan 18th 09

Lilly and Zeiler

Undertakers

Name
in
Full

Catherine Elizabeth Mack
Town County

CERTIFICATE OF DEATH

Died at *Owings Mills Baltimore* MARYLAND
Date of death 1909 January 6 Age no Months no Days 2 1/2
Sex *Female* Color or Reca *Colored* Birth-place *Owings Mills*
Occupation Where Residing if not at place of death

Married, Single or Widowed Name of Wife or Husband
Father's Name *Wesley Mack* Father's Birthplace *Carroll Co Maryland*
Mother's Maiden Name *Mary Evans* Mother's Birthplace *Virginia*
Name of person giving Information *Wesley Mack* How related to deceased *Father*

CAUSES OF DEATH

151

Primary *Child was a mauling from birth*
Immediate *Natural Causes*

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of

Physician

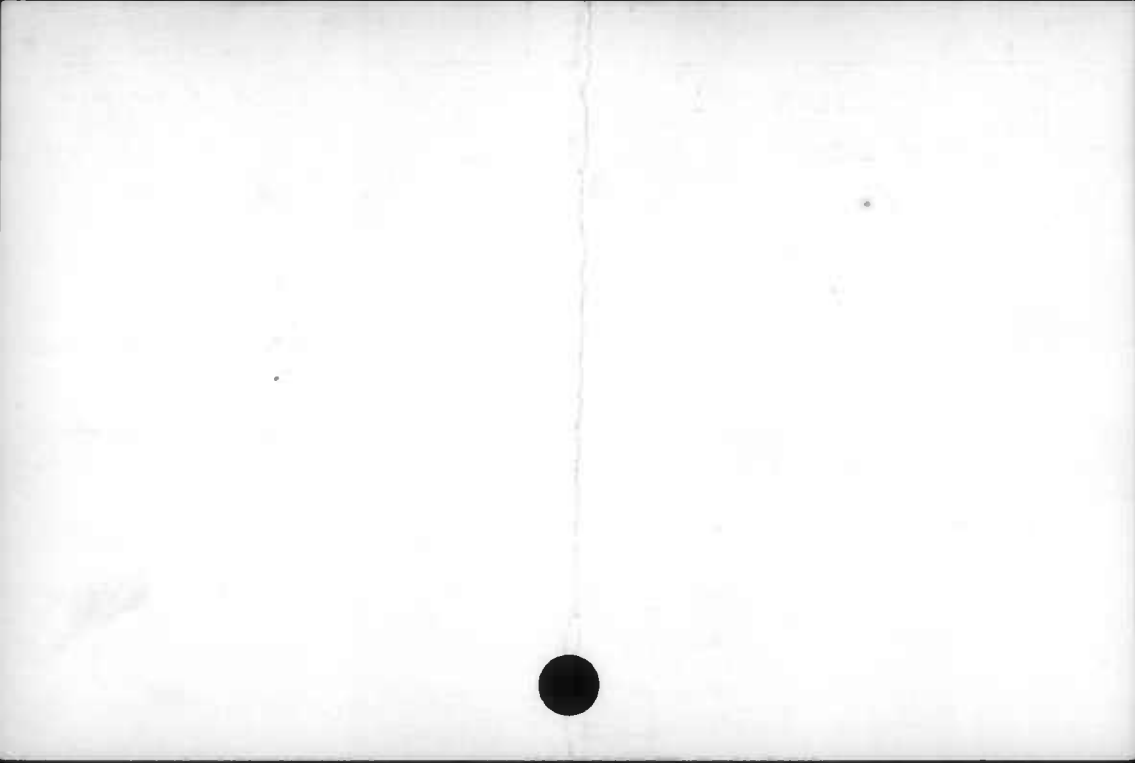
Coroner. Mr. E. L. Fite J.P.
Address *Roslyn*

Accident or Suicide

R.F.D. Maryland

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Mrs Martha Maguire

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town *Catoonsville* County *Baltimore*

Died at *Catoonsville* *Baltimore* **MARYLAND**

Date of death 190 *9* Jan. *6th* Age *47* Months Days

Sex *F* Color or Race *W* Birth-place *U.S.*

Occupation *House wife* Where Residing if not at place of death

Married, Single or Widowed *Widow* Name of Wife or Husband *—*

Father's Name *Unknown* Father's Birthplace *England*

Mother's Maiden Name *—* Mother's Birthplace *—*

Name of person giving information *Dr. A. J. Sunday* How related to deceased *Physician*

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary *Senility* How long *Confined to bed 6 mo*

Immediate *Heart failure* How long

Are the name, age, sex, color, date and place correctly given above? *Y*

Signature of Physician *Alfred J. Sunday* Address *14th - Catoonsville*

Accident or Suicide *No*

For burial at
Washington D. C.—

E. Madison Mitchell

1201 W. Fayette St

Gal. Ind

Name
in
Full

George A Mangum

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Garrison</u> Town		<u>Baltimore</u> County		MARYLAND	
Date of death <u>1909</u>	Month <u>Jan</u>	Day <u>24</u>	Age <u>32</u>	Months <u>—</u>	Days <u>—</u>
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>A. A. Co. Md.</u>		
Occupation <u>Paper hanger</u>		Where Residing if not at place of death <u>Garrison</u>			
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>—</u>				
Father's Name <u>George W. Mangum</u>	Father's Birthplace <u>A. A. Co. Md.</u>			Mother's Birthplace <u>Balto City</u>	
Mother's Maiden Name <u>Isabella Waterworth</u>	How related to deceased <u>Father</u>				
Name of person giving information <u>George W. Mangum</u>					

4

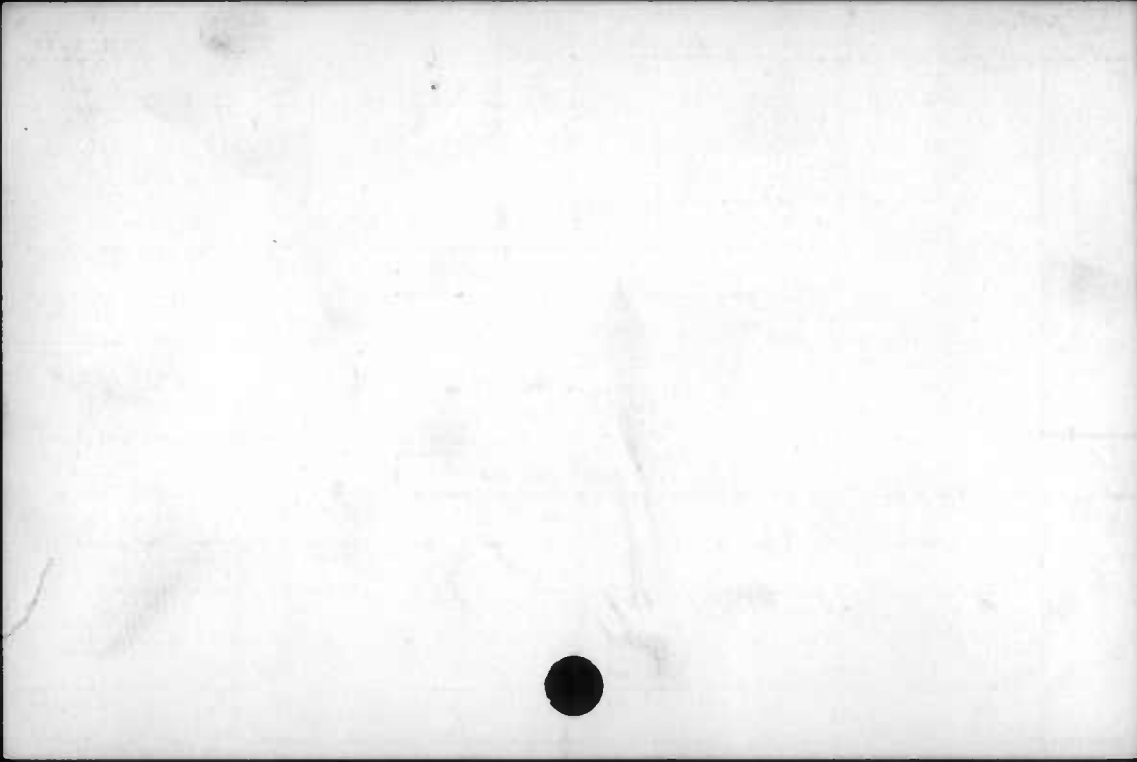
CAUSES OF DEATH

70

PHYSICIAN
OR CORONER

Primary <u>Convulsions</u>	How long <u>since birth</u>
Immediate <u>Heart failure</u>	How long <u>about 1 1/2</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>W. H. Hornsby</u>
	Address <u>Conright Mills, Md.</u>
Accident or Suicide?	

3



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Mary Elizabeth Measley

Died at

Freeland
TownBaltimore
County

MARYLAND

Date

of death 1909

Month

January

Day

12

Age

Years

56

Months

Days

Sex

Female

Color or
Race

White

Birth-
place

Maryland

Occupation

Housewife

Where Residing if not
at place of death

Freeland

Married, Single
or Widowed

Married

Name of Wife or
Husband

Frank Measley

Father's
Name

Jeremiah Talbot

Father's
Birthplace

Maryland

Mother's
Maiden Name

Margaret Saunders

Mother's
Birthplace

Maryland

Name of person giving
In formation

Frank Measley

How related
to deceased

Husband

CAUSES OF DEATH

131

Primary

Ovarian Cyst

How long

2 years

Immediate

Inanition

How long

Ten days

Are the name, age, sex, color, date
and place correctly given above?

Yes

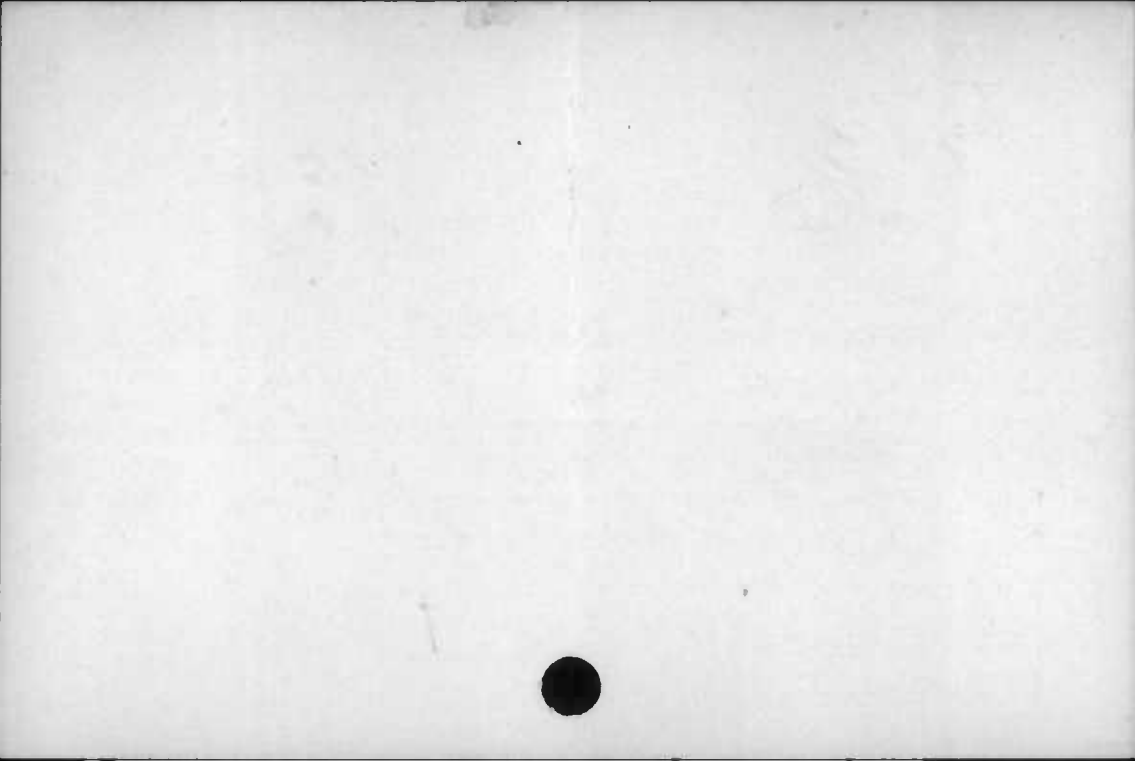
Signature of
Physician

Joseph B. Baldwin M.D.

Address

Freeland, R. F. D. # 1.
Baltimore Co., Md.

Accident or Suicide?



Name
in
Full

Twin. (J.S.P.)

Meredith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

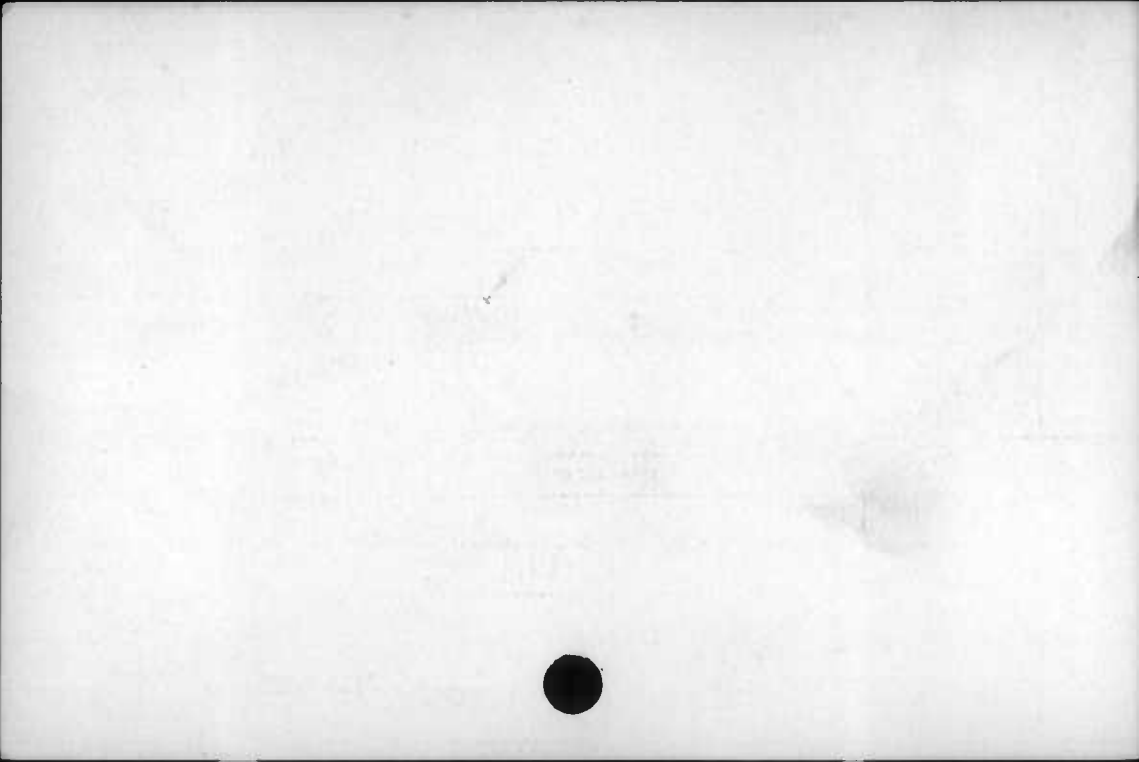
Died at <u>Baltimore</u> Town		<u>Baltimore</u> County		MARYLAND	
Date of death	1908	Month	Jan.	Day	20
Age		Years		Months	12
Sex		male		Color or Race	white
Occupation		none		Birth-place	Maryland
Where Residing if not at place of death					
Married, Single or Widowed	single		Name of Wife or Husband		
Father's Name	Eugene W. Meredith		Father's Birthplace		
Mother's Maiden Name	Effie Almy		Mother's Birthplace		
Name of person giving information	Effie Almy Meredith		How related to deceased		
			mother		

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary	Premature Birth		How long	7 1/2 hours
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?		yes		
Signature of Physician		W. Millard Chubb		
Address		White Hall, Md.		
Accident or Suicide?				



Name
in
Full

Twin (J.S.F.).

Mercedith

✓
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at

Towson

Town

Baltimore

County

MARYLAND

Date

of death 1909

Month

Jan

Day

20

Years

Age

Months

Days

12 hours

Sex

Male

Color or
Race

white

Birth-
place

Maryland

Occupation

none

Where Residing if not
at place of deathMarried, Single
or Widowed

single

Name of Wife or
Husband

—

Father's
Name

Emerson W. Mercedith

Father's
Birthplace

Md

Mother's
Maiden Name

Effie Almy

Mother's
Birthplace

Md

Name of person giving
information

Effie Mercedith

How related
to deceased

mother

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary

Premature Birth

How long

> 12 hours

Immediate

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

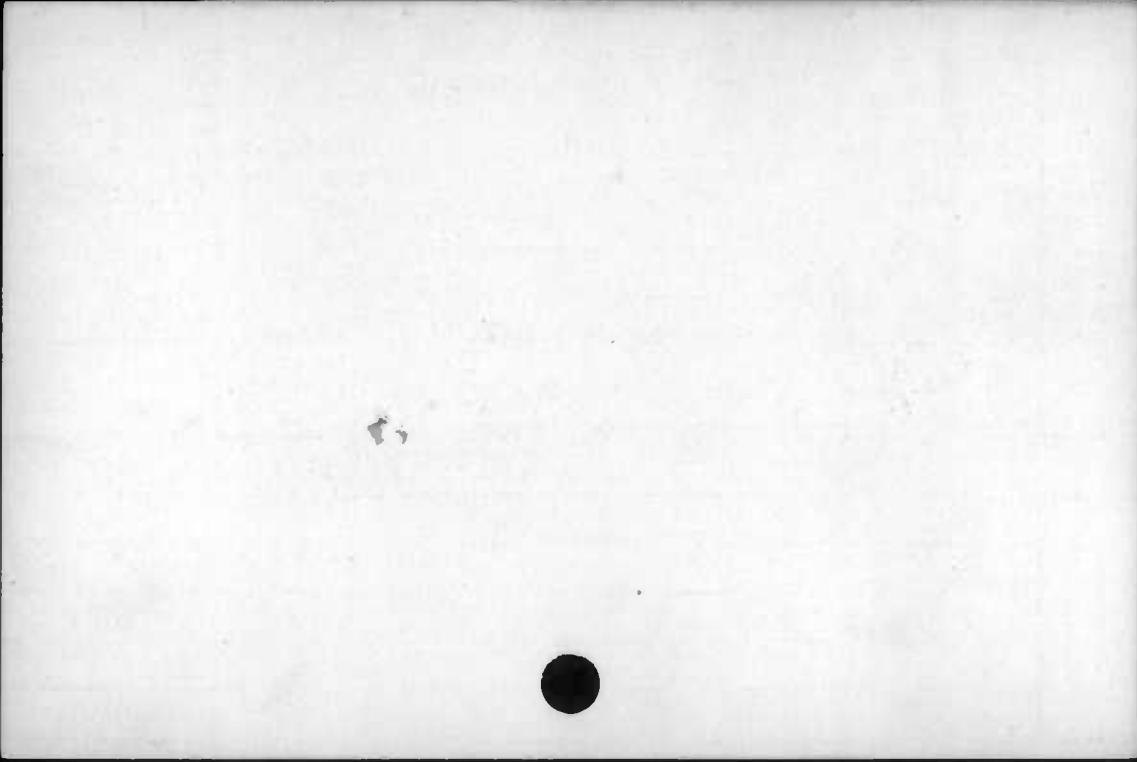
W. M. and P. Stirling

Address

White Hall

Md

Accident or Suicide?



Name
in
Full

May L. Meyers.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Reisterstown ^{Town} Baltimore ^{County}
Date of death 190 9 ^{Month} Jan. ^{Day} 12 **Age** 27 ^{Years} yr. ^{Months} — ^{Days} —
Sex Female **Color or Race** White **Birth-place** Russian
Married, Single or Widowed Married **Occupation** Cutter
Name of Wife or Husband Lena Meyers
Father's Name Jacob Meyers **Father's Birthplace** Russia
Mother's Maiden Name Unknown **Mother's Birthplace** Russia
Name of person giving information Lena Meyers **How related to deceased** Wife

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary Pulmonary Tuberculosis **How long** 10 mos.
Immediate

Are the name, age, sex, color, date and place correctly given above?

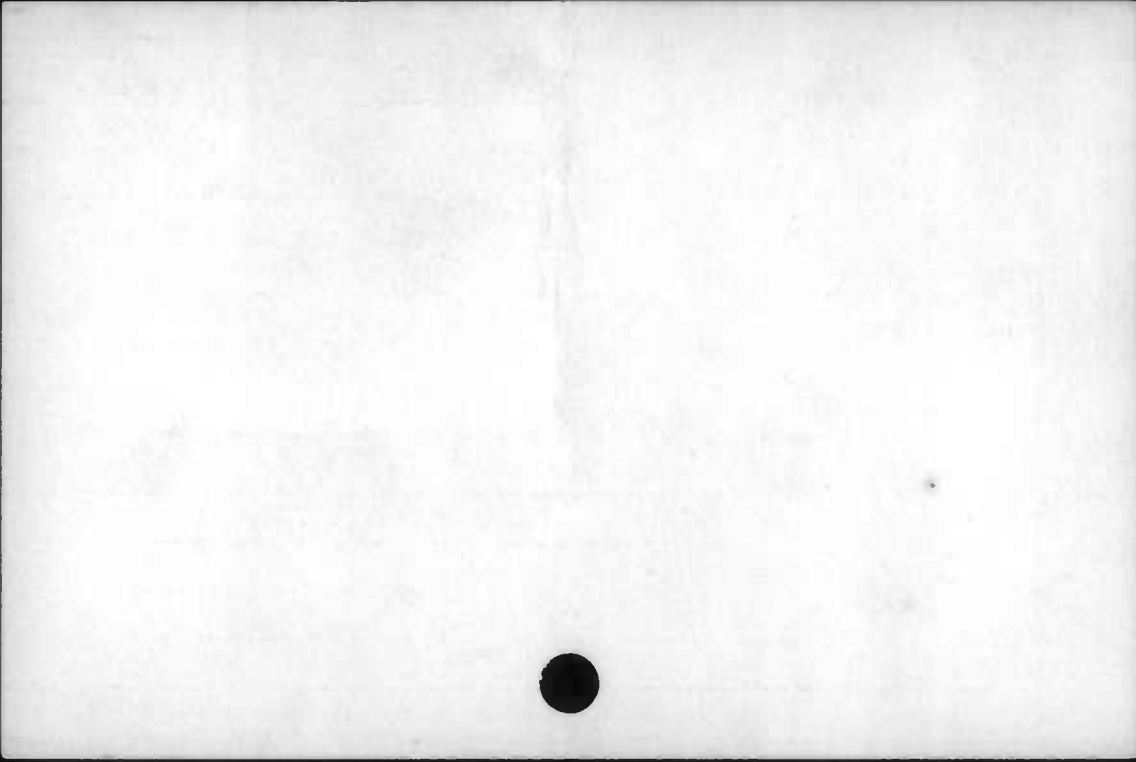
Yes.

Signature of Physician

Address

Isaac Robinson
Reisterstown

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Woodlawn</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death	1909	Month	Jan.	Day	20
Age	80	Years		Months	3
Sex	Male	Color or Race	White	Birthplace	Hartford Ct. Md.
Occupation	Plasterer		Where Residing if not at place of death		
Married, Single or Widowed	Single		Name of Wife or Husband <i>Cassandra Morrison</i>		
Father's Name	<i>William Morrison</i>		Father's Birthplace	<i>Md.</i>	
Mother's Maiden Name	<i>Elizabeth Spicer</i>		Mother's Birthplace	<i>Md.</i>	
Name of person giving Information	<i>Mrs. Cassandra Morrison</i>		How related to deceased	<i>wife</i>	

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary	<i>Lobar Pneumonia</i>	How long	<i>1 week</i>
Immediate	<i>Cardiac Arrhythmia</i>	How long	<i>immediate</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>A. C. Smith</i>	
<i>yes</i>		Address <i>Woodlawn Sta</i>	
Accident or Suicide		<i>Md.</i>	

Jos B Cook -
Lorraine -

Name
in
Full

Mary N. Mulcahy

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Lefas</i> Town		<i>Baileys</i> County		MARYLAND	
Date of death <i>1909</i> Month <i>Jan</i> Day <i>5</i>	Age <i>78</i>		Months	Days	
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Ireland</i>			
Occupation <i>Domestic</i>		Where Residing if not at place of death <i>Lefas</i>			
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>Patrik Mulcahy</i>				
Father's Name <i>Brunis Markie</i>	Father's Birthplace <i>Ireland</i>		Mother's Birthplace <i>Ireland</i>		
Mother's Maiden Name <i>Mary Kenofie</i>	How related to deceased <i>Son</i>				
Name of person giving information <i>Peter Mulcahy</i>					

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary <i>Smilety</i>	How long
Immediate <i>Cardiac Dilatation</i>	How long <i>Seven months</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>B. F. Burrey</i>
	Address <i>Lefas Md.</i>
Accident or Suicide?	

Interment at Texas
Cemetery Thursday 4th

W. C. Brooks

0170110125

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Jonathan S Myers

Died at *near Ellicott City* Town *Balto* County

Date of death *1909* Month *Jan* Day *10* Age *75* Years Months Days

Sex *Male* Color or Race *White* Birth-place *Maryland*

Occupation *Retired* Where Residing if not at place of death

Married, Single or Widowed *Widowed* Name of Wife or Husband *Almira J Myers*

Father's Name *David Myers* Father's Birthplace *Pennsylvania*

Mother's Maiden Name *not known* Mother's Birthplace *not known*

Name of person giving Information *Fredrick Warren* How related to deceased *Son-in-law*

PHYSICIAN
OR CORONER

Fracture femur from fall "CAUSES OF DEATH" *Intestinal Obstruction* **66**

Primary *Paralysis, Metastatic Abscesses* How long *8 months*

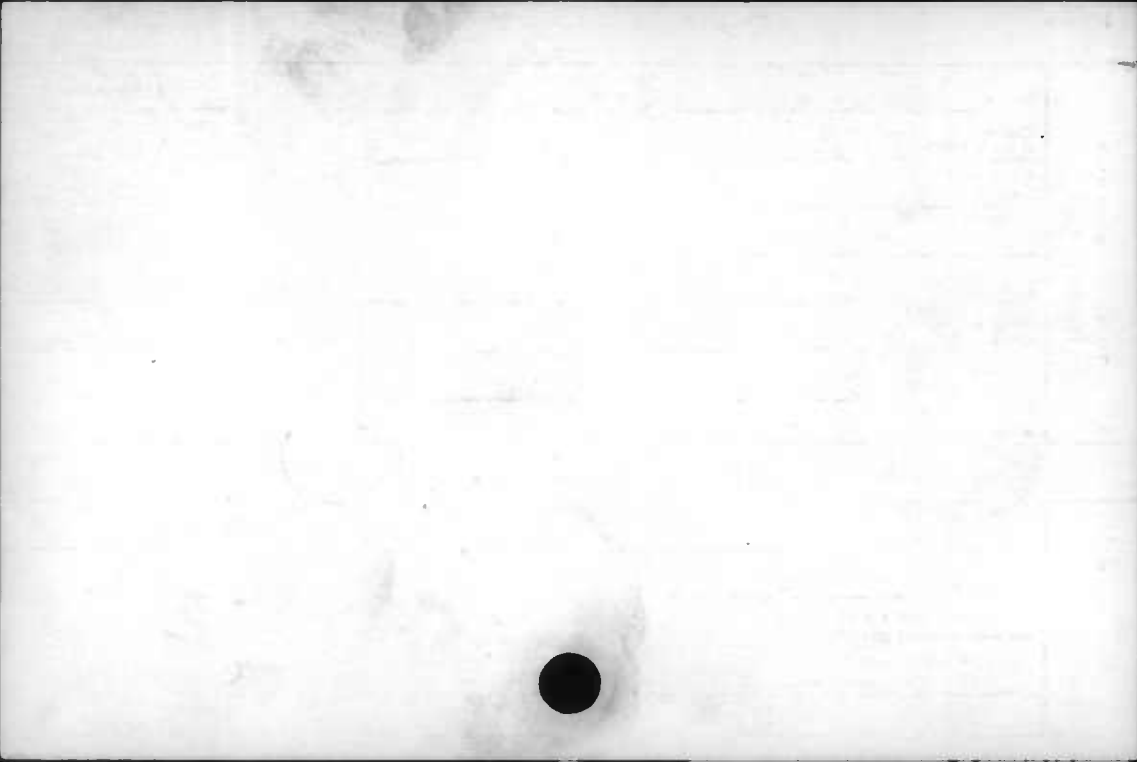
Immediate *Shock, Arteriosclerosis* How long *2 weeks*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *J. M. B. Johnson* Address *Union City, Md*

Accident partially

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Johan Nickol</i>		Town <i>Highlandtown</i>		County <i>Balto.</i>		MARYLAND					
Died at <i>Highlandtown</i>		Month <i>Jan.</i>		Day <i>5th</i>		Years <i>12</i>		Months <i>11</i>		Days <i>5</i>	
Date of death <i>1909</i>		Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Balto Co.</i>					
Occupation <i>None</i>		Where Residing if not place of death <i>3208 Canton Ave</i>									
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>									
Father's Name <i>George Nickol</i>		Father's Birthplace <i>Germany</i>									
Mother's Maiden Name <i>Marie Helenbredel</i>		Mother's Birthplace <i>Germany</i>									
Name of person giving Information <i>George Troertsch</i>		How related to deceased <i>Foster Father</i>									

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>9 or 10</i> Years
Immediate <i>cardiac failure</i>	How long <i>1 Day</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr. F. A. Glantz</i>
	Address <i>3241 East a.</i>
Accident or Suicide	

Undertakers

Lilly and Zeiler.

Jan. 8 / 1908

Sacred Heart Cemetery

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Highlandtown

Baltimore

MARYLAND

Date

of death 190

9 Jan

29

Age

83

Months

11

Days

21

Sex

Female

Color or
Race

White

Birth-
place

Germany

Occupation

Housework

Where Residing if not
at place of death

Married, Single
or Widowed

Widowed

Name of Wife or
Husband

Father's
Name

Fredrick Hufnagle

Father's
Birthplace

Germany

Mother's
Maiden Name

Barbara K. Hufnagle

Mother's
Birthplace

"

Name of person giving
Information

Minnie Freeman

How related
to deceased

Daughter-in-law

CAUSES OF DEATH

Primary

Apoplexy & General Paralysis of the Brain

Immediate

Are the name, age, sex, color, data
and place correctly given above?

Yes

Signature of
Physician

H. L. Reckard

Address

*410 S. Canton St.
Baltimore Md*

Accident or Suicide

No

Stewart & Mowen Co
Funeral Directors
215 Park Ave
+ or Interment in
Oak Lawn Cemetery
Feb. 1st / 09.

Name
in
Full

Peter Noha

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Disd at <i>Highlandtown</i>		County <i>Balto.</i>		MARYLAND		
Date of death	190 <i>9</i>	Month <i>Jan</i>	Day <i>16th</i>	Age <i>57</i>	Months <i>2</i>	Days <i>1</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Balto. Md.</i>				
Occupation <i>Dairyman</i>	Where Residing if not at place of death <i>4300 Eastern Ave</i>					
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Annie Noha</i>					
Father's Name <i>Bernard Noha</i>	Father's Birthplace <i>Germany</i>					
Mother's Melden Name <i>Francis A. Gross</i>	Mother's Birthplace <i>" "</i>					
Name of person giving Information <i>Annie Noha</i>	How related to deceased <i>Wife</i>					

F

CAUSES OF DEATH

27

PHYSICIAN
OR CORONERPrimary *Tub Pulmonalis*

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide

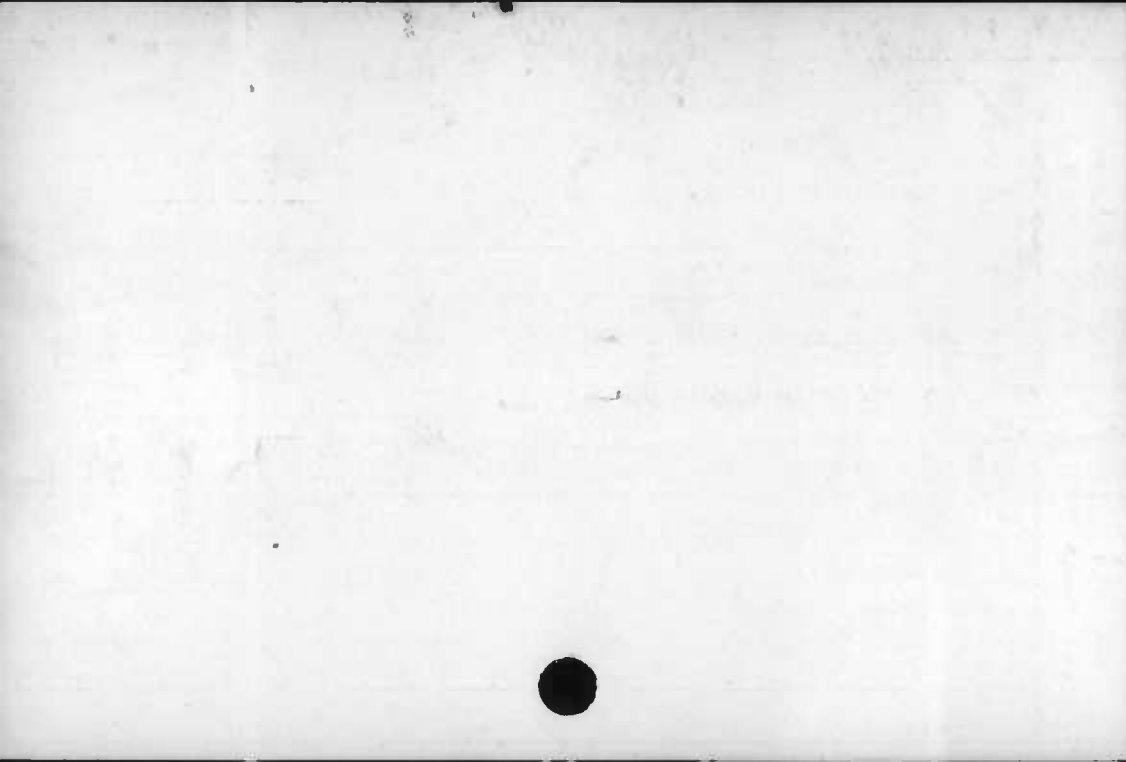
Sacred Heart Cemetery

Jan 19th 09

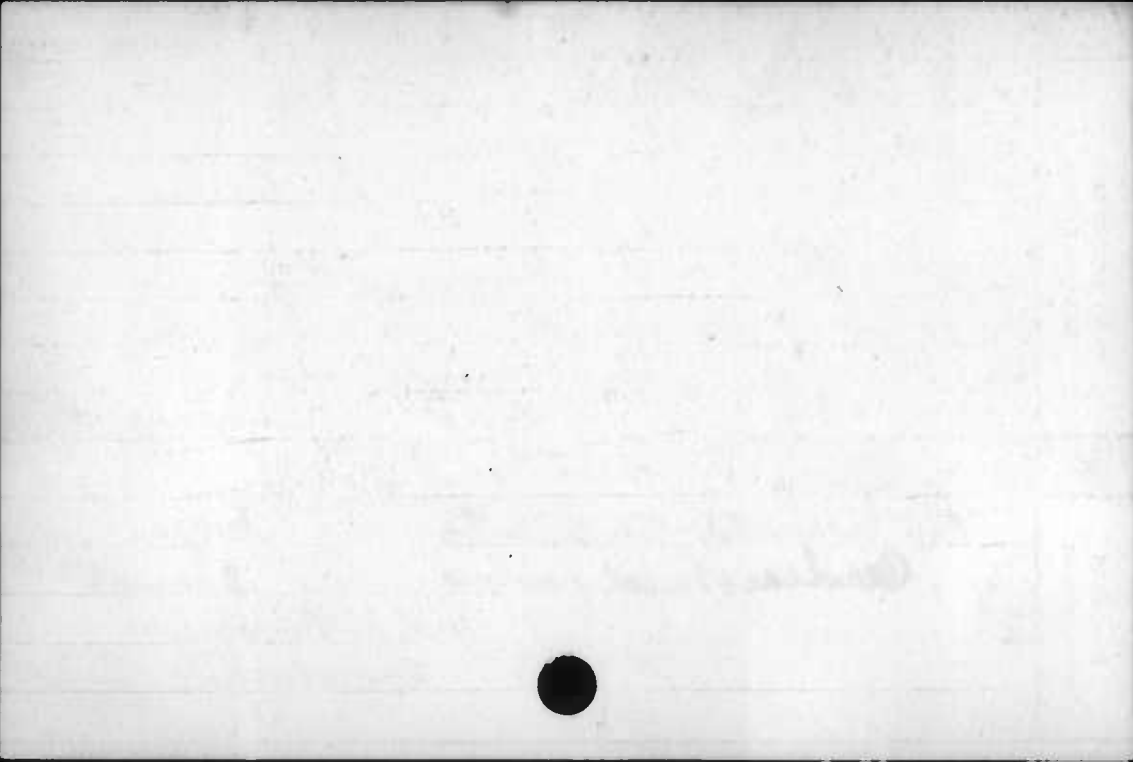
Lilly and Zeiler

Undertakers

Name in Full		Certificate of Death			
Norris, Edward		MARYLAND			
Died at		Town		County	
Date of death		Month		Day	
1909		Jan		13	
Age		33		Months	
Sex		Color or Race		Birth-place	
Male		White		Maryland	
Occupation		Where Residing if not at place of death			
Bar-tender.		X			
Married, Single or Widowed		Name of Wife or Husband			
Single		X			
Father's Name		Father's Birthplace			
David Norris		Md.			
Mother's Maiden Name		Mother's Birthplace			
Mary Smith		Md.			
Name of person giving information		How related to deceased			
J. A. Killinger		No			
CAUSES OF DEATH					
Primary		How long			
Sub-acute Malaria		12 mos			
Immediate		How long			
Cerebral Syphilis		24 hours			
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician			
Yes		J. H. Wade			
No		Address			
		Lebanonville, Md.			
Accident or Suicide?					



Name in Full James August		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at St. Agnes Hospital <small>Town</small> Balto. <small>County</small>		MARYLAND
	Date of death 1909 Jan. 15	Age 77	Months — Days —
	Sex Male	Color or Race White	Birth-place Baltimore
	Occupation None	Where Residing if not at place of death	
	Married, Single or Widowed Single	Name of Wife or Husband Unknown	
	Father's Name Unknown	Father's Birthplace Unknown	
	Mother's Maiden Name Unknown	Mother's Birthplace Unknown	
	Name of person giving information	How related to deceased	
& CAUSES OF DEATH		40	
PHYSICIAN OR CORONER	Primary Carcinoma Stomach	How long 1 year	
	Immediate Pulmonary Edema	How long three days	
	Are the name, age, sex, color, date and place correctly given above?	Signature of Physician J. H. Taylor	
		Address St. Agnes Hospital	
Accident or Suicide?			



Name
in
Full

Catharine E Otto

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Fullerton</i> ^{Town}		<i>Balto</i> ^{County}		MARYLAND	
Date of death	<i>1909 Jan</i>	Month	<i>2-8</i>	Day	Age <i>53</i>
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birth-place	<i>Maryland</i>
Occupation	<i>Housewife</i>		Where Residing if not at place of death <i>Fullerton Ind</i>		
Married, Single	Name of Wife ^{Husband}		<i>Henry Otto</i>		
Father's Name	<i>Lawrence Schaffer</i>			Father's Birthplace	<i>Germany</i>
Mother's Maiden Name	<i>Catharine Straub</i>			Mother's Birthplace	<i>LI</i>
Name of person giving information	<i>Henry Otto</i>			How related to deceased	<i>Husband</i>

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	<i>Chr. Myocarditis + Chr. Nephritis</i>	How long	<i>Years</i>
Immediate	<i>Cardiac + Renal failure</i>	How long	<i>8 hours</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>A. L. Wilkinson</i>	
		Address <i>Rosburg</i>	
Accident or Suicide?			

St Petri

Name
in
Full

Page

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Hallettsville</i>		Town <i>Ballo Co</i>		County		MARYLAND	
Date of death	<i>1909</i>	Month <i>Jan</i>	Day <i>10</i>	Age	Years	Months	Days <i>3</i>
Sex <i>female</i>	Color or Race <i>Black</i>		Birth-place <i>Maryland</i>				
Occupation <i>none</i>	Where Residing if not at place of death <i>Resided at place of death</i>						
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband						
Father's Name <i>Harvey Page</i>	Father's Birthplace <i>Maryland</i>						
Mother's Maiden Name <i>Jessie Brooks</i>	Mother's Birthplace <i>Maryland</i>						
Name of person giving information <i>Harvey Page</i>	<i>(151)</i>			How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Congenital defect</i>	How long <i>3 days</i>
Immediate <i>same</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Arthur Williams</i>
	Address <i>Elk Ridge Ind</i>
Accident or Suicide? <i>no</i>	

Leadon
Mt Auburn
Cemetery

Name
in
Full

CERTIFICATE OF DEATH

Frank Peroutka

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Middle River</u> <small>Town</small>		<u>Baltimore</u> <small>County</small>		MARYLAND	
Date of death <u>1909 Jan.</u>	<u>30</u> <small>Day</small>	Age <u>18</u> <small>Years</small>	<u> </u> <small>Months</small>	<u> </u> <small>Days</small>	
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Baltimore</u>			
Occupation <u> </u>		Where Residing if not at place of death <u> </u>			
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u> </u>				
Father's Name <u>Anton Peroutka</u>	Father's Birthplace <u>Bohemia</u>				
Mother's Maiden Name <u>Katharine Jarovec</u>	Mother's Birthplace <u>Bohemia</u>				
Name of person giving information <u>Anton Peroutka</u>		How related to deceased <u>Father</u>			

CAUSES OF DEATH

36

PHYSICIAN
OR CORONER

Primary <u>Syphilis</u>	How long <u>several years</u>
Immediate <u>Aschemia</u>	How long <u>3 mos.</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>John H. Hammond</u>
	Address <u>Middle River</u>
Accident or Suicide? <u>no</u>	

Frank Beach & Son

Place of Burial St Alphonsus Sem. Balto.

Name
in
Full

Josephine Bonaparte Phipps,

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1909		January	Thursday	Age 70			
Sex	Female		Color or Race	White		Birth-place	Towson
Occupation	Housewife		Where Residing if not at place of death		Towson		
Married, Single or Widowed	Married		Name of Wife or Husband		James Phipps		
Father's Name	Joseph H. Agle				Father's Birthplace	Md	
Mother's Maiden Name	Leah Shealey				Mother's Birthplace	Towson, Md	
Name of person giving Information	R. L. Reuby				How related to deceased	son-in-law	

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary	Pneumonia		How long	Three weeks
Immediate	Gastro-Enteritis & Bronchitis		How long	Two weeks
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	L. H. Jarrett
			Address	Towson
Accident or Suicide <input type="checkbox"/>				

John Burns Sons
Tousons.

Govanus Resb. Cem.

Name
in
Full

LeRoy Pitts

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

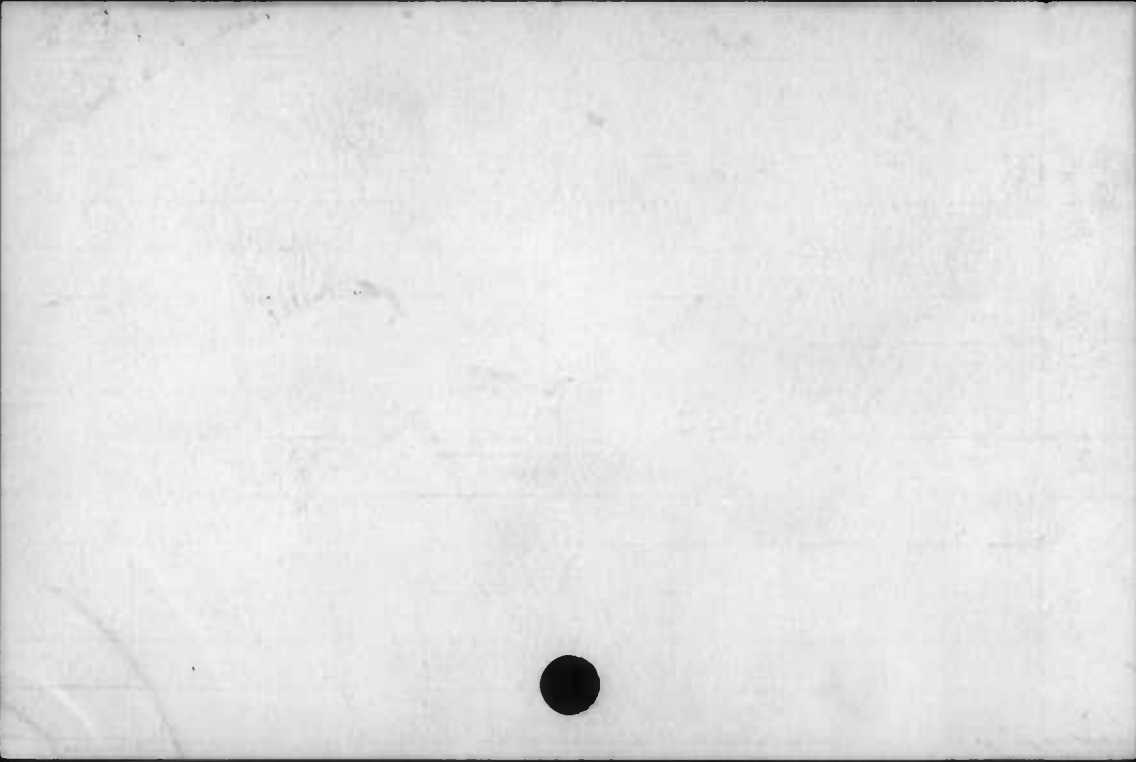
Died at <u>Chase</u> <small>Town</small>		<u>Bald</u> <small>County</small>		MARYLAND	
Date of death <u>1909</u>	Month <u>Jan</u>	Day <u>31</u>	Age <u>69</u>	Months <u>—</u>	Days <u>—</u>
Sex <u>Male</u>	Color or Race <u>Colord</u>	Birth-place <u>md</u>			
Occupation <u>Laborer</u>	Where Residing if not at place of death <u>ma</u>				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Emma Pitts</u>				
Father's Name <u>Thos Pitts</u>	Father's Birthplace <u>Unknown</u>				
Mother's Maiden Name <u>Anna Pitts</u>	Mother's Birthplace <u>Unknown</u>				
Name of person giving information <u>Joshua Pitts</u>	How related to deceased <u>Brother</u>				

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary <u>Cerebral apoplexy</u>	How long <u>10 days</u>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>C. Villase</u>
	Address <u>Boswell</u>
Accident or Suicide?	<u>md 15</u>



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

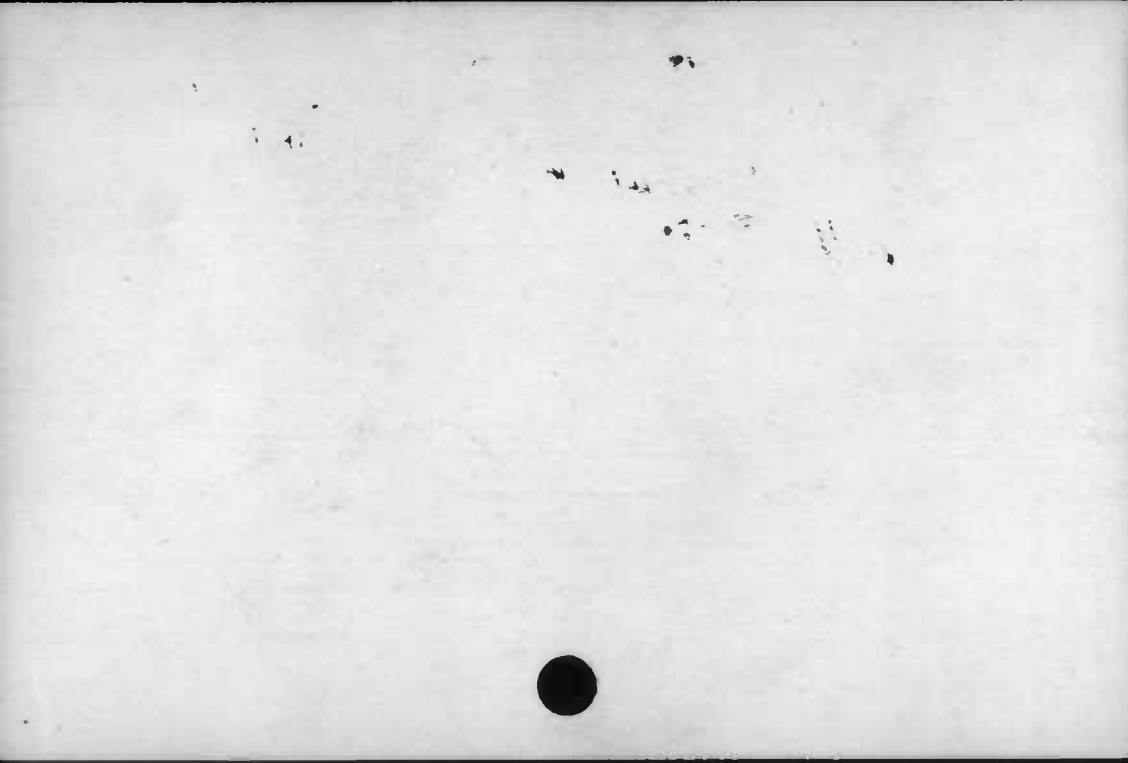
Died at <i>Chase</i> Town		<i>Pitts</i> County		MARYLAND	
Date of death	1909	Month	January	Day	15
Age	Years		Months		Days
Sex	<i>Female</i>		Color or Race	<i>Colored</i>	
Occupation	<i>_____</i>		Birth-place	<i>Chase md</i>	
Where Residing if not at place of death			<i>Chase md</i>		
Married, Single or Widowed		Name of Wife or Husband			
Father's Name		<i>George Pitts</i>		Father's Birthplace	
Mother's Maiden Name		<i>Florence Pitts</i>		Mother's Birthplace	
Name of person giving information		<i>Florence Pitts</i>		How related to deceased	
				<i>mother</i>	

CAUSES OF DEATH

176

Primary	<i>Suppocation</i>	How long	<i>How long</i>
Immediate	<i>Caused by Lateral Head</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		Signature of Coroner	
Address		<i>James F. Gibson Jr</i>	
Accident or Suicide?		<i>Chase</i>	
		<i>Pitts County md</i>	

BY
OR CORONER



Name
in
Full

William M. Plant

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Highlandtown	Town	Balto.	County	MARYLAND
Date of death	1909	Jan	19 th	Age	40
Sex	Male	Color or Race	White	Birth-place	N.Y.
Occupation	Contractor	Where Residing if not at place of death	1000 E. Clinton		
Married, Single or Widowed	Married	Name of Wife or Husband	Mary Plant		
Father's Name	John Plant	Father's Birthplace	Ireland		
Mother's Maiden Name	Mary A. McDonough	Mother's Birthplace	N.Y.		
Name of person giving Information	Mary Plant	How related to deceased			

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary	Influenza Pneumonia	How long	3 days -
Immediate	Coronary failure	How long	—

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Dr. McKinnon

Address

125 E. Broadway

Accident or Suicide

Sacred Heart Cemetery

Jan 23rd 09

Lelly and Zeeler
Undertakers

Name
in
Full

CERTIFICATE OF DEATH

Martha A. Pomeroy

MARYLAND

Died at near Catonsville

Balto.

Date

of death

1909

Month

January

Day

17

Age

Years

55

Months

Days

Sex

Female

Color or
Race

White

Birth-
place

Virginia

Occupation

House duties

Where Residing if not
at place of deathMarried, Single
or Widowed

Widow

Name of Wife or
Husband

Silas H. Pomeroy - Deceased

Father's
Name

William Leher

Father's
Birthplace

Virginia

Mother's
Maiden Name

Mary Pomeroy

Mother's
Birthplace

Virginia

Name of person giving
Information

Lee D. Pomeroy

How related
to deceased

Son

CAUSES OF DEATH

Primary

Tuberculosis of Larynx - Lung
& Skin & Intestines

How long

6 months

Immediate

Cardiac Anemia

How long

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Yes.

Signature of
Physician

A. C. Smith M.D.

Address

Woodlawn Sta
Md.

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

S. H. Hsinger & Son
Savage County.

Name
in
Full

CERTIFICATE OF DEATH

Julius H. Rainer

Died at

Highlandtown

County

Balto.

MARYLAND

Date

of death 1909

Month

1

Day

25

Age

Years

Months

10

Days

29

Sex

Male

Color or
Race

White

Birth-
place

Highlandtown

Occupation

None

Where Residing if not
at place of death

3331 Foster Ave

Married, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

William Rainer

Father's
Birthplace

Balto.

Mother's
Maiden Name

Rosa A. Von Paris

Mother's
Birthplace

Balto.

Name of person giving
information

William Rainer

How related
to deceased

Father

CAUSES OF DEATH

Primary

Inflammation of stomach.

How long

3 to 4 days

Immediate

One night.

How long

2 days

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

W. E. McClanahan M.D.
619 S. Clinton St.
Highlandtown

Accident or Suicide

Silly Mr. Fuller
403 S. Wolfe St.

Sacred Heart Cemetery
Jan. 27/09.

Name
in
Full

Elisabeth A Raske

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Raskeburg</i>		Town <i>Raskeburg</i>		County <i>Balto</i>		MAYLAND	
Date of death 1909		Month <i>1</i>	Day <i>15</i>	Age <i>70</i>		Years <i>1</i>	Months <i>1</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Europe Germany</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>Raskeburg</i>					
Married, Single Widowed		Name of Wife or Husband <i>Unknown John H. Raske</i>					
Father's Name <i>M. Milchling</i>		Father's Birthplace <i>Europe Germany</i>					
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>" "</i>					
Name of person giving Information <i>Mary Raske</i>		How related to deceased <i>Daughter</i>					

CAUSES OF DEATH

Primary	<i>Chronic Endocarditis + Chr. Int. Nephritis</i>	How long	<i>Years</i>
Immediate	<i>Cardiac Failure</i>	How long	<i>3 days</i>

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician

Address

W. L. Wilkinson
Raskeburg Md.

Accident or Suicide *Neither.*

Jerusalem

Name in Full		Adella B. Read				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Govanston		County Baltimore		MARYLAND	
	Date of death	1909	Month January	Day 28	Age 34	Months 2	Days 18
	Sex	Female		Color or Race	White		Birth- place
	Occupation	Forelady		Where Residing if not at place of death			
	Married, Single or Widowed	Single		Name of Wife or Husband			
	Father's Name	Oliver C. Read				Father's Birthplace	Balto Co Md
	Mother's Maiden Name	Frances Burchinal				Mother's Birthplace	Baltimore Md
Name of person giving In formation	Gertrude Read				How related to deceased	Sister	
<div style="display: flex; justify-content: space-between; align-items: center;"> <div> <div>4</div> <div>CAUSES OF DEATH</div> </div> <div> <div>27</div> </div> </div>							
PHYSICIAN OR CORONER	Primary	Pulmonary Tuberculosis				How long	14 years (and history of cough)
	Immediate	Infection				How long	1 week's
	Are the name, age, sex, color, date and place correctly given above?	Yes		Signature of Physician	W. T. Gilroy M.D.		
	Address	1731 E. Pratt St. Baltimore					
Accident or Suicide?	No						

George Schelling & Sons
Funeral Directors

Burial in Friends Cemetery
Harford Road

Funeral House Midway ave & House
from Walker ave

Name
in
Full

Elvin Myrtle Reed

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

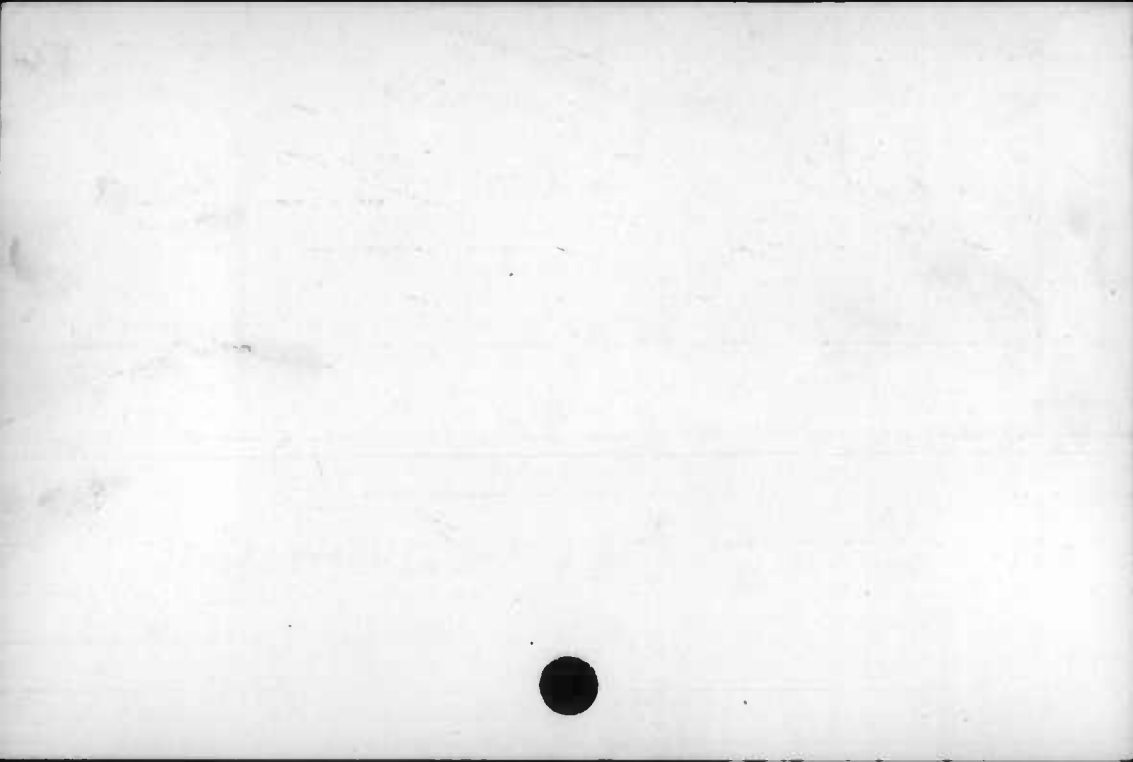
Died at <i>Catonsville</i> ^{Town}		<i>Balto</i> ^{County}		MARYLAND	
Date of death <i>1909</i>	Month <i>Jan</i>	Day <i>14</i>	Age <i>—</i> Years	Months <i>10</i>	Days <i>4</i>
Sex <i>female</i>	Color or Race <i>white</i>		Birth-place <i>Catonsville</i>		
Occupation <i>—</i>	Where Residing if not at place of death <i>—</i>			<i>—</i>	
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>Isaac L Reed</i>	Father's Birthplace <i>Fred' Co</i>				
Mother's Maiden Name <i>Kate Parnell</i>	Mother's Birthplace <i>Balto Co</i>				
Name of person giving information <i>Isaac L Reed</i>	How related to deceased <i>Father</i>				

CAUSES OF DEATH

90

PHYSICIAN
OR CORONER

Primary <i>Bronchitis</i>	How long <i>6 weeks</i>
Immediate <i>Convulsions</i>	How long <i>10 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Marshall B West</i>
	Address <i>Catonsville Md</i>
Accident <i>—</i> Suicide? <i>—</i>	



Name
in
Full

Emma C Reinecke

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1909		Jan	11	Age 3	10		
Sex		Color or Race		Birth-place			
Female		White		Balto Co.			
Occupation				Where Residing if not at place of death			
None				North Point Road			
Married, Single or Widowed		Name of Wife or Husband		Father's Birthplace			
Single				Balto Co			
Father's Name		Mother's Maiden Name		Mother's Birthplace			
Wm Reinecke		Elizabeth Mary		"			
Name of person giving Information		How related to deceased		Father			
JP Reinecke							

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary	Diphtheria Pneumonia	How long	1 1/2 wks.
Immediate	Cardiac Failure	How long	1 Day.
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Dr. T. A. Seautz	
		Address	
		3241 Easton Ave.	
Accident or Suicide			

Oak Lawn Cem

Jan 14th 1908

St Nicolaus + son
1820 Canton Ave

Name
in
Full

Annie B. Rice

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Gorans</i> Town <i>Bath</i> County		MARYLAND	
Date of death <i>1909 Jan 6</i>	Month <i>Jan</i>	Day <i>6</i>	Years <i>153</i>
Sex <i>female</i>	Color or Race <i>W.</i>	Birth-place <i>Ind</i>	
Occupation <i>Housewife</i>	Where Residing if not at place of death <i>1522 N. Collington</i>		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Henry E Rice</i>		
Father's Name <i>Joseph J. Gubers</i>	Father's Birthplace <i>Unknown</i>		
Mother's Maiden Name <i>Catherine O'Rourke</i>	Mother's Birthplace <i>Unknown</i>		
Name of person giving Information <i>Henry E Rice</i>	How related to deceased <i>Husband</i>		

9x

CAUSES OF DEATH

68

PHYSICIAN
OR CORONER

Primary <i>Terminal Dementia</i>	How long <i>3 years</i>
Immediate <i>Exhaustion</i>	How long <i>2 mos.</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Walter S. Carswell MD</i>
<i>Yes</i>	Address <i>2425 N. St. Baltimore MD</i>
Accident or Suicide	

Fountain Park
Jan 8/909.
Went out
to E. South at

Name
in
Full

Isabell Richmond

CERTIFICATE OF DEATH

Died at ^{Town} *Bardenville*^{County of} *Baltimore*

MARYLAND

Date of death *1909 January 8*Age *54*

Months

Days

Sex *Female*Color or
Race*White*Birth-
place*Baltimore Md*

Occupation

*none*Where Residing if not
at place of deathMarried, Single
or ~~Widowed~~*Single*Name of Wife or
HusbandFather's
Name*Samuel Richmond*Father's
Birthplace*Ireland*Mother's
Maiden Name*Eliza Bell*Mother's
Birthplace*Ireland*Name of person giving
In formation*Martha Shipley*How related
to deceased*Sister*

CAUSES OF DEATH

79

Primary

Artic Suffering with incomplications

How long

Several years

Immediate

Apoplexy, gradual in nature

How long

*one year*Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician*Dr. J. M. Miller M.D.*

Address

1082 North Ave

Accident or Suicide?

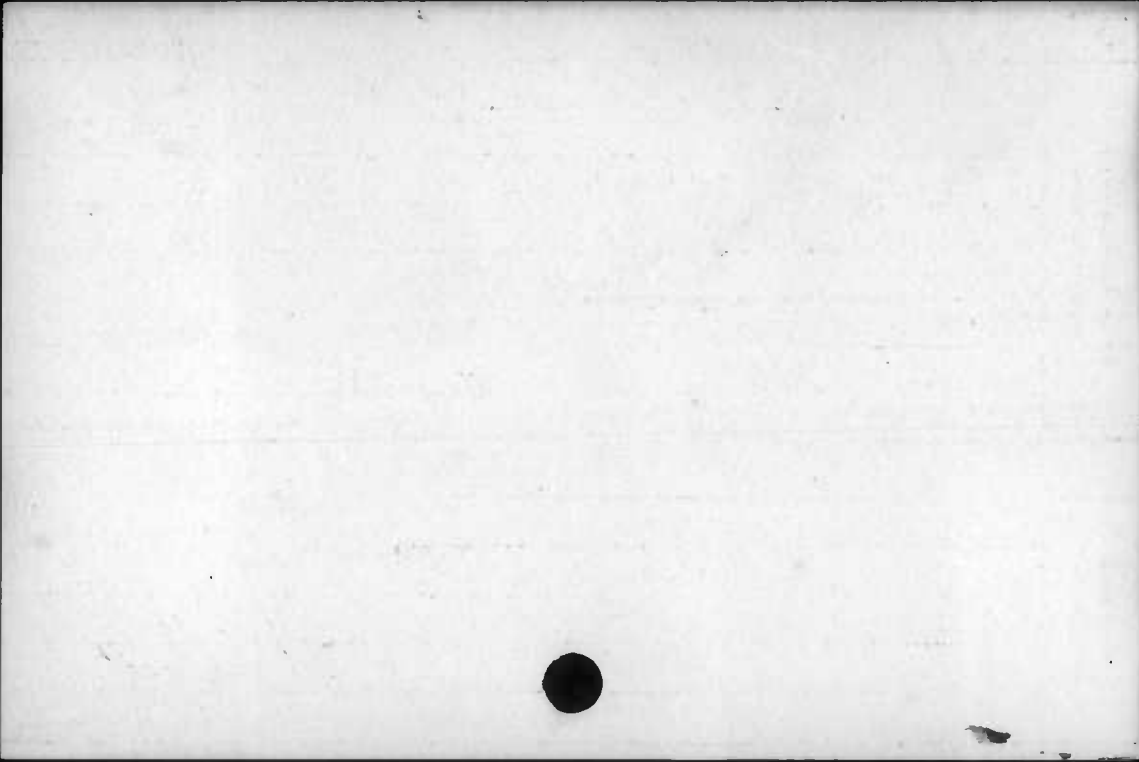
Place of Burial Greenmount Cemetery

Undertakers George Schelling & Sons

1126 E Monument St

Balto Md

Name in Full		Celturine Salome Roche				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Mt Hope Reman		County Baltimore		MARYLAND
	Date of death		1909	Month Jan	Day 27	Age 86	Months not known
	Sex		Female		Color or Race		White
	Occupation		Sgtn of Prof. U.S.A.		Where Residing if not at place of death		13 Baltimore -
	Married, Single or Widowed		Single		Name of Wife or Husband		
	Fether's Name		not known		Fether's Birthplace		Ireland
	Mother's Maiden Name		I I		Mother's Birthplace		not known
	Name of person giving information		Reeds Mt Hope Reman		How related to deceased		not at all
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right;">(68)</div>							
PHYSICIAN OR CORONER	Primary		Mania Chronic				How long over 13 yrs
	Immediate		Ex Pul. Congestion -				How long 3 days
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		Frank J Flannery
	Address		Baltimore		Address		Mt Hope Reman P Baltimore Co. Md.
Accident or Suicide? <input type="checkbox"/>							



Name
in
Full

Anton Rose

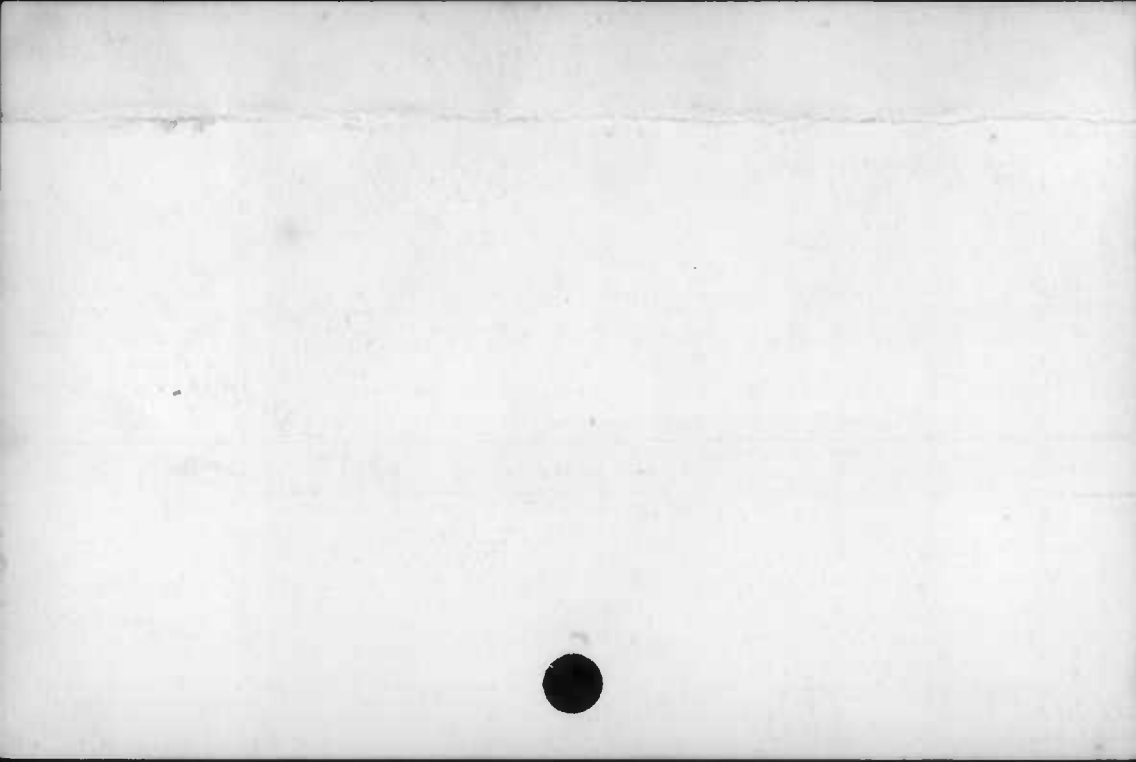
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>County Almshouse, Texas</i>		County <i>Balto.</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>1</i>	Day <i>10</i>	Years <i>84</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Switzerland</i>		
Occupation <i>Cripple</i>	Where Residing if not at place of death <i>County Almshouse</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband				
Father's Name <i>Unknown</i>	Father's Birthplace <i>Unknown</i>				
Mother's Maiden Name <i>Unknown</i>	Mother's Birthplace <i>Unknown</i>				
Name of person giving information <i>Alms House Register</i>	(164)		How related to deceased		

PHYSICIAN
OR CORONER

CAUSES OF DEATH	
Primary <i>Accident - (Right Leg - Left Arm fractured - Head & Left Leg Lacerated.)</i>	How long <i>(Died in 10 min. after accident)</i>
Immediate <i>fractured - Head & Left Leg Lacerated.</i>	How long <i>after accident</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Werner C. Ensoth M.D.</i>
	Address <i>Cockeyville Md.</i>
Accident <i>Yes. (Not present.) Witnessed by Mr. John Chilcoat. Supt.)</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Towson</i>		County <i>Baltimore</i>		MARYLAND	
Date of death <i>1909</i>	Month <i>January</i>	Day <i>26</i>	Years <i>28</i>	Months <i>4</i>	Days <i>25</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Baltimore, Md</i>		
Occupation <i>Foreman, newspaper delivery</i>	Where Residing if not at place of death <i>New York N. Y.</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>May Mack Ross</i>				
Father's Name <i>Duncan C. Ross</i>	Father's Birthplace <i>Scotland</i>				
Mother's Maiden Name <i>Eugenie L. Ross</i>	Mother's Birthplace <i>Baltimore</i>				
Name of person giving information <i>May Lisle Ross</i>	How related to deceased <i>Sister.</i>				

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Pulmonary tuberculosis</i>	How long <i>At least one year</i>
Immediate <i>Pneumothorax</i>	How long <i>Four or five days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Alexander M. Gordon</i>
	Address <i>Towson, Md.</i>
Accident or Suicide? <i>No</i>	

New-York City
New-York.

Hay W Jenkins & Sons Co
300 W. Madison

Name
in
Full

CERTIFICATE OF DEATH

George P. Rulter

Town

County

Died at

1st Canton Balto

MARYLAND

Date

Month

Day

Years

Months

Days

of death

1909

Jan

7th

Age

74 about

Sex

Male

Color or
Race

White

Birth-
place

Germany

Occupation

Custom Officer

Where Residing if not
at place of death

1050 N. Broadway

Married, Single
or Widowed

Married

Name of Wife or
Husband

None

Father's
Name

Unknown

Father's
Birthplace

Unknown

Mother's
Maiden Name

Unknown

Mother's
Birthplace

Unknown

Name of person giving
Information

Mr Zinsheimer

How related
to deceased

None

CAUSES OF DEATH

188

Primary

Cardiac Syncope

How long

Immediate

How long

Coroner

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

St. J. Sudler M.D.

Address

3323 E Balto

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
CORONER



Balto burn

Henry Glen

~~177~~ 1/10/10

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Baltimore Junction</i>		Town <i>Balto</i>		County		MARYLAND	
Date of death 190 <i>9</i>		Month <i>Jan</i>	Day <i>27</i>	Age <i>19</i>	Years	Months	Days
Sex <i>Male</i>		Color or Race <i>Italian</i>		Birth-place <i>Italy</i>			
Occupation <i>Laborer</i>		Where Residing if not at place of death <i>Eastern Ave 11th St</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>None</i>					
Father's Name <i>Unknown</i>		Father's Birthplace <i>Italy</i>					
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>Italy</i>					
Name of person giving Information <i>Mr Thomas</i>		How related to deceased <i>None</i>					

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary *Asphyxiation, by being covered*
 Immediate *by covering of sand bank*

Are the name, age, sex, color, date and place correctly given above?

Signature of
Physician

Address

Coroner W D Sudler Jr
3326 E B alto St

Accident or Suicide

Crowley Bros.

St. Patrick's Cemetery

Lat Jan. 29/09

Name
in
Full

Ellen S. Schafer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

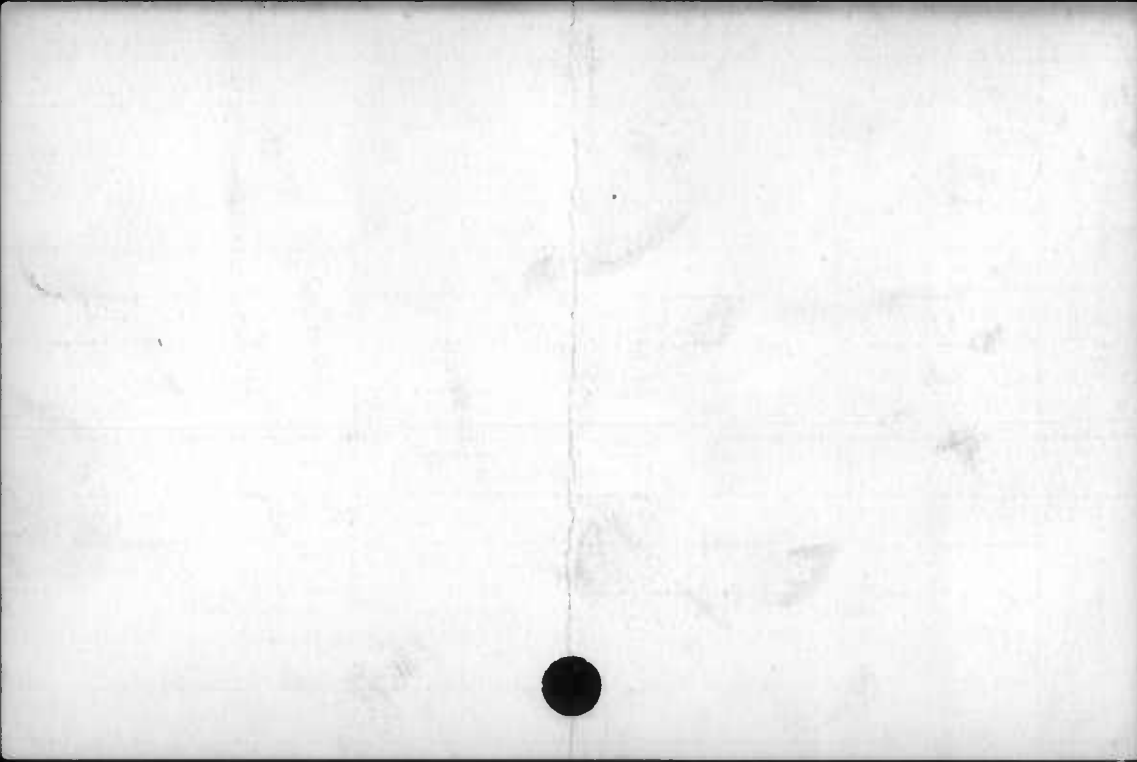
Died at <u>Greenwood</u> ^{Town}		<u>Baltimore</u> ^{County}		MARYLAND	
Date of death	<u>1909 Jan.</u>	Month	<u>6</u>	Day	<u>64</u>
Sex	<u>Female</u>	Color or Race	<u>White</u>	Birth-place	<u>Baltimore City Md.</u>
Occupation	<u>Housewife</u>		Where Residing if not at place of death <u> </u>		
Married, Single or Widowed	<u>Married</u>	Name of Wife Husband	<u>John Schafer</u>		
Father's Name	<u>Nathan Cummer</u>			Father's Birthplace	<u>Unknown</u>
Mother's Maiden Name	<u>Frederika Mayer</u>			Mother's Birthplace	<u>Balto. City Md.</u>
Name of person giving information	<u>Albert Schafer</u>			How related to deceased	<u>Son</u>

CAUSES OF DEATH

99

PHYSICIAN
OR CORONER

Primary	<u>Pleuro Pneumonia</u>	How long	<u>8 days</u>
Immediate	<u>Pleuro Pneumonia</u>	How long	<u>8 days</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<u>Yes -</u>		<u>Monis B. Green M.D.</u>	
Address		<u>Hittinga Md.</u>	
Accident or Suicide?		<u>No</u>	



Name
in
Full

Annie M. Schlee

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Canton</u> <small>Town</small>		<u>Balto</u> <small>County</small>		MARYLAND								
Date of death	1909	Month	Jan	Day	22 nd	Age	—	Years	Months	5	Days	18
Sex	Female		Color or Race	White		Birth-place	Balto. Co.					
Occupation	None					Where Residing if not at place of death	3314 O'Donnell St.					
Married, Single or Widowed	Single		Name of Wife or Husband									
Father's Name	John Schlee					Father's Birthplace	Germany					
Mother's Maiden Name	Annie Tilley					Mother's Birthplace	Balto Co.					
Name of person giving Information	John Schlee					How related to deceased	(92)					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Broncho Pneumonia		How long	5 days
Immediate	Toxemia		How long	1 "
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	M. J. Meavy M.D.	
		Address	809 S. Calton St.	
Accident or Suicide				

Sacred Heart Cemetery
Jan 25th 09

Lilly and Geiler
Undertakers

Name
in
Full

Henry Schriber

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Washington Road</i> ^{Town}		<i>Balts</i> ^{County}		MARYLAND	
Date of death <i>1909</i>	Month <i>1</i>	Day <i>30</i>	Age <i>5-9</i> ^{Years}	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Ind</i>		
Occupation <i>Trucker</i>		Where Residing if not at place of death			
Married, single or Widowed		Name of Wife or Husband <i>Laurisa Schriber</i>			
Father's Name <i>Jacob Schriber</i>			Father's Birthplace <i>Germany</i>		
Mother's Maiden Name <i>Unknown</i>			Mother's Birthplace <i>Germany</i>		
Name of person giving information <i>Laurisa Schriber</i>			How related to deceased <i>Wife</i>		

9

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary <i>Hemorrhage of Lungs</i>	How long
Immediate <i>Pneumonia</i>	How long <i>28 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W B Hall</i>
	Address <i>121 Main</i>
Assault or Suicide?	

12

Jordens & son-
Family buying ground

Name
in
FullAdelaide E. Schuttz
Town Baltimore County

CERTIFICATE OF DEATH

MARYLAND

Died at **Baltimore** **Balto.**

Date of death **1909** **Jan** **14** **Age** **13** **Months** **11** **Days** **4**

Sex **Female** Color or Race **White** Birth-place **Balto. Md.**

Occupation **None** Where Residing if not at place of death **Baltimore Md**

Married, Single or Widowed **Single** Name of Wife or Husband

Father's Name **Charles W. Schuttz** Father's Birthplace **Md**

Mother's Maiden Name **Annie E. Raddy** Mother's Birthplace **Md**

Name of person giving information **Annie E. Schuttz** How related to deceased **Sister**

TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

Primary

Measles

How long

4 days

Immediate

Toxemia

How long

4 to 6 hrs

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

D. E. Schuttz
Baltimore Md

Accident or Suicide?



Name in Full		Howard Schurim				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Highlandtown ^{Town}		Baltimore ^{County}		MARYLAND
	Date of death		1907	Jan.	17	Age	Years 4 Months 7 Days
	Sex		Male		Color or Race		White
	Occupation				Birth-place		Baltimore
	Where Residing if not at place of death						
	Married, Single or Widowed		Single		Name of Wife or Husband		
	Father's Name		Amrad Schurim		Father's Birthplace		Baltimore
Mother's Maiden Name		Florence Ramsey		Mother's Birthplace		Philadelphia	
Name of person giving information		Amrad Schurim		How related to deceased		Father	
9		CAUSES OF DEATH				92	
PHYSICIAN OR CORONER	Primary		Sobles Meningitis		How long		12 hours
	Immediate		Exhaustion		How long		4 hours
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		John L. May Jr
	Address		34 South Highlandtown Md		Accident or Suicide?		No

Prof. Samuel Sewall
Jan. 21st 1909
H. South St. Jan.

3725-Mt Pleasant St.

W. Gray

Name
In Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Janet Scott*

Died at *Mt Hope Retreat* Town *Baltimore* County

Date of death *1909* Jan *28th* Month *67* Day *not known* Years *not known* Months *not known* Days

Sex *Female* Color or Race *White* Birth-place *Baltimore*

Occupation *none* Where Residing if not at place of death *Baltimore*

Married, Single or Widowed *Widowed* Name of Wife or Husband *not known*

Father's Name *not known* Father's Birthplace *not known*

Mother's Maiden Name *" "* Mother's Birthplace *" "*

Name of person giving information *Rechts Mt Hope Retreat* How related to deceased *not at all*

CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

Primary *Mania chronic* How long *over 7 years*

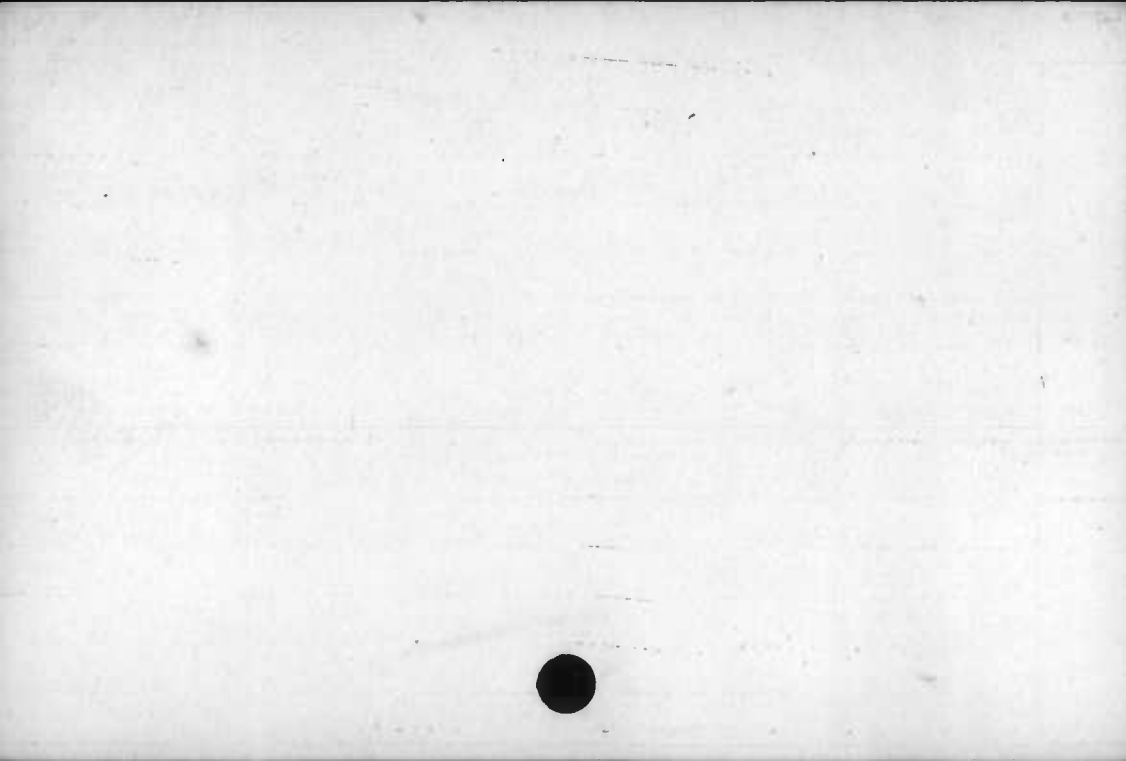
Immediate *Ex. R. Hemiplegia* How long *48 hours*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *Frank J. Flannery*

Address *Mt Hope Retreat
Baltimore Co. Md.*

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *James G Scott* Town *Chase* County *Baileys* MARYLAND

Died at *Chase*

Date of death 190 *9* Month *Jan* Day *17* Age *19* Months *-* Days *-*

Sex *Male* Color or Race *Colored* Birthplace *Mad*

Occupation *Housework* Where Residing if not at place of death *Mad*

~~Married~~, Single or Widowed ☒ Name of Wife or Husband

Father's Name *Archibald Scott* Father's Birthplace *Mad*

Mother's Maiden Name *Unknown* Mother's Birthplace *Mad*

Name of person giving Information *Rosa Scott* How related to deceased *Mother*

PHYSICIAN
OR CORONER

CAUSES OF DEATH

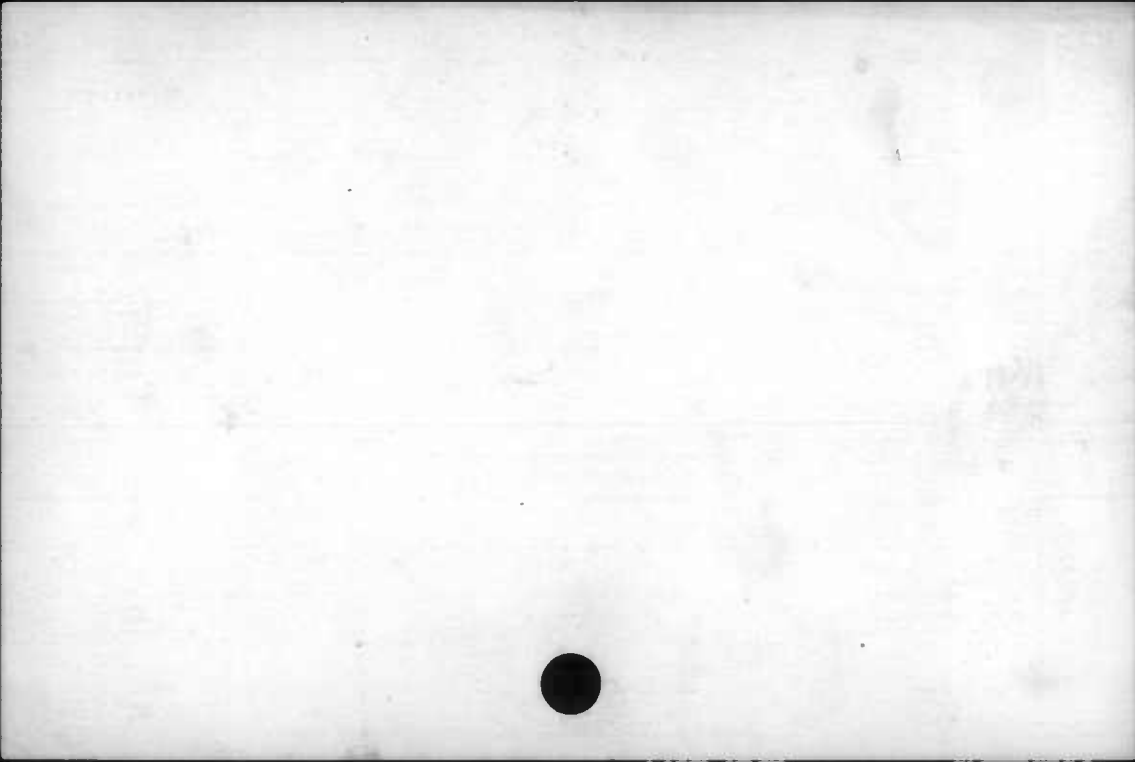
Primary *Criminal Pneumonia* How long *2 weeks*

Immediate *Heart Failure* How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *C. V. McLean* Address *Prosser, Md*

Accident or Suicide



Name
in
Full

Elizabeth Sert

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Highlandtown		County Baltimore		MARYLAND	
Date of death 1909		Month 1	Day 1	Age 88	Months 4	Days 12	
Sex Female		Color or Race White		Birth- place Germany			
Occupation Housework				Where Residing if not at place of death 3505 East Ave.			
Married, Single or Widowed Widowed		Name of Wife or Husband Henry Sert					
Father's Name Unknown		Father's Birthplace Unknown					
Mother's Maiden Name Unknown		Mother's Birthplace Unknown					
Name of person giving Information Mrs. Anna Adams		How related to deceased Grand daughter					

PHYSICIAN
OR CORONER

Primary		CAUSES OF DEATH No injuries but shock Old Age and a fall		154 How long 3 weeks ago.	
Immediate		Exhaustion		How long 1 Week.	
Are the name, age, sex, color, date and place correctly given above?		Yes.		Signature of Physician Dr. J. A. Slantz	
				Address 3241 Eastern Ave.	
Accident or Suicide					

Greenmont
Hermie ^{ben} for
1/5/09

Name in Full		Daughters of Wm. L. & Anna Shaffer.				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town		County		MARYLAND	
	Evergreen		Baltimore					
	Date of death		Month	Day	Age	Years	Months	Days
	1909		Jan	4th				
	Sex		Color or Race		Birthplace			
	Female		White		125 Cedar Ave. Evergreen			
	Occupation		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband						
Father's Name		Wm. L. Shaffer				Father's Birthplace		Pennal.
Mother's Maiden Name		Anna A. Bachman				Mother's Birthplace		Carroll Co. Md.
Name of person giving information		Chris. Bachman				How related to deceased		Grandfather
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary		Breech presentation				How long	-
	Immediate		Strangulation of cords				How long	-
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		Geo. T. Shower	
					Address		421 Roland Ave. Balt.	
	Accident or Suicide?		Still birth				Balt. 9	

A. S. Marshall
3539 Fall Road
St Mary. N.

Jan 4 - 1908

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Rosa Sitar
 Died at *Spinnier Point* Town *Baltimore* County
 Date of death 1909 *June* Month *15* Day Age *4* Years Months Days
 Sex *Female* Color or Race *White* Birth-place *Spinnier Point*
 Occupation *None* Where Residing if not at place of death

Married, Single
or WidowedName of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
informationHow related
to deceased

CAUSES OF DEATH

Primary

How long

Immediate

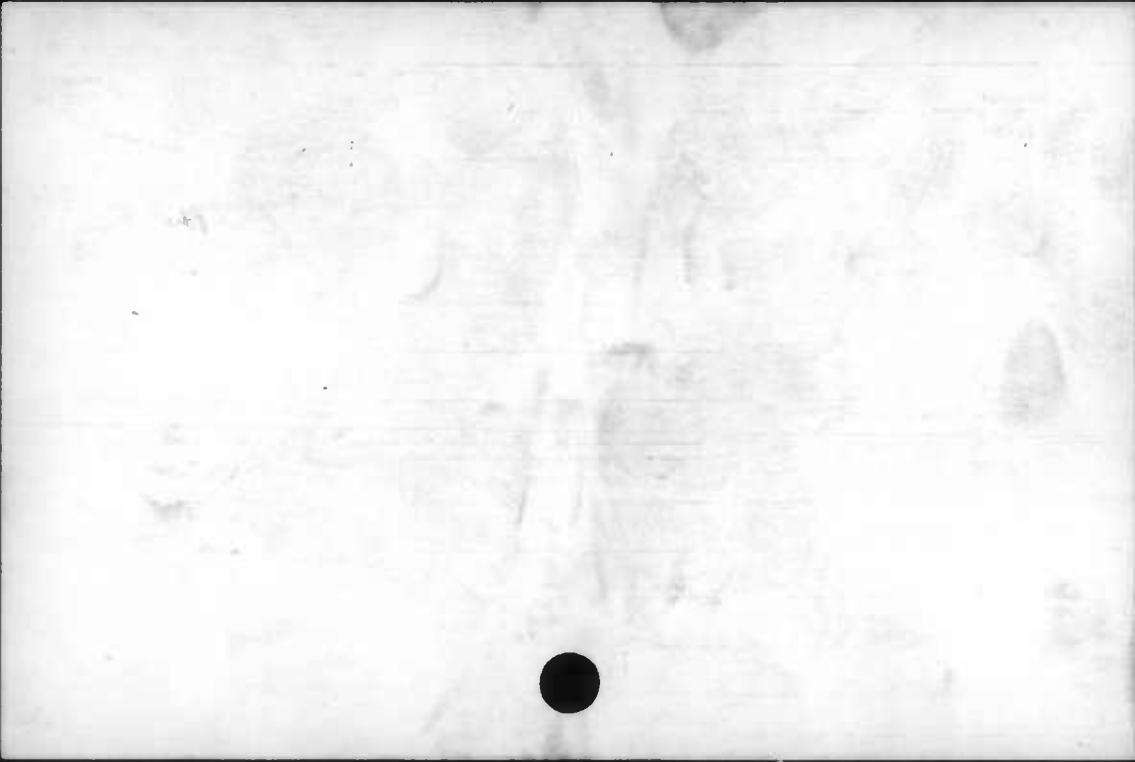
How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

Lillie C. V. Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Canton Town 718, S. Boulevard County Balto MARYLAND

Date of death 1909 Month July Day 4th Age 22 Years Months 11 Days

Sex Female Color or Race White Birth-place Balto City

Occupation Labeler in Pockery House Where Residing if not at place of death —

Married, Single or Widowed Single Name of Wife or Husband —

Father's Name John Smith Father's Birthplace Baltimore

Mother's Maiden Name Margaret Betzold Mother's Birthplace Balto City

Name of person giving information Frederick R. Smith How related to deceased Born

CAUSES OF DEATH

27

PHYSICIAN
OR CORONERPrimary Phthisis PulmonalisHow long 5 years

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician C. H. Khey

Address

Accident or Suicide?

Сам Николасъ & Сынъ

Голы Редсменъ Емилъ.

Jan. 7th / 09.

Name
in
Full

Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Sparrows Point</i>		Town <i>Baltimore</i>		County		MARYLAND	
Date of death <i>1909</i>		Month <i>Jan</i>	Day <i>20th</i>	Age <i>—</i>	Years <i>—</i>	Months <i>—</i>	Day <i>1</i>
Sex <i>Female</i>		Color or Race <i>Black</i>		Birth-place <i>Sparrows Point</i>			
Occupation <i>—</i>		Where Residing if not at place of death <i>Sparrows Point</i>					
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Glenn Smith</i>		Father's Birthplace <i>NC</i>					
Mother's Maiden Name <i>Sarah Dailay</i>		Mother's Birthplace <i>NC</i>					
Name of person giving Information <i>Glenn Smith</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

Primary *Premature birth (5½ mo.)*Immediate *Lack of vitality*

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

G. C. McCormick M.D.

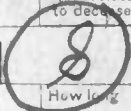
Address

Sparrows Point

Accident or Suicide

PHYSICIAN
OR CORONER



Name in Full		child of annie & John Smith				V CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at ^{town} westport		County Balto		MARYLAND		
	Date of death 1909	Month 1	Day 11	Years	Age still born	Months	Days
	Sex female		Color or Race white		Birth-place westport		
	Married , Single or Widowed		Occupation				
	Name of Wife or Husband X						
	Father's Name John H. Smith				Father's Birthplace Ind		
Mother's Maiden Name annie C. Munkelbach				Mother's Birthplace Ind			
Name of person giving information John H. Smith				How related to deceased father			
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: center;">  </div>							
PHYSICIAN OR CORONER	Primary			How long			
	Immediate still born			How long			
	Are the name, age, sex, color, date and place correctly given above? yes.			Signature of Physician W. B. Hall			
				Address Int. prison			
Accident or Suicide? <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Suicide							

Joe Sykes.
Gouden Park.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full *Louisa Ellen Sommer*
 Died at *724 Clinton St* Town *Balto* County
 Date of death *1909* Month *Jan* Day *8* Age *4* Years Months Days
 Sex *Female* Color or Race *White* Birth-place *Balto*
 Occupation _____ Where Residing if not at place of death _____
 Married, Single or Widowed *Single* Name of Wife or Husband *None*
 Father's Name *George W. Sommer* Father's Birthplace *Ta*
 Mother's Maiden Name *Clara Barbara Rein* Mother's Birthplace *Baltimore*
 Name of person giving Information *George W. Sommer* How related to deceased *Father*

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary *Starvation* How long _____
 Immediate _____ How long _____
 Are the name, age, sex, color, date and place correctly given above? ☒
 Signature of Physician *Arthur W. L. Linder*
 Address *3336 E Baltimore St*
 Accident or Suicide ☒

Oak Lawn Cemetery
John Herwig son
1/9/09

Name in Full		Paul H. Sommers				CERTIFICATE OF DEATH	
Died at		Thister		Baltimore		MARYLAND	
Date of death		1909	Jan	17	Age	90	Months 8 Days
Sex		Male		Color or Race		White	
Occupation		None		Where Residing if not at place of death		Thister	
Married, Single or Widowed		Single		Name of Wife or Husband		None	
Father's Name		Benjamin H. Sommers				Father's Birthplace	
Mother's Maiden Name		Sarah B. Mills				Mother's Birthplace	
Name of person giving information		Benjamin H. Sommers				How related to deceased	
9		CAUSES OF DEATH				92	
Primary		Pneumonia				How long	
Immediate		Acute				How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		R. C. Smith			
		Address		Ellicott City			
Accident or Suicide?							

TO BE ANSWERED BY NEAREST FRIEND

PHYSICIAN OR CORONER

Good Shepherd Cemetery Jonestown Howard Co

Name
in
Full

Saul Sorokin, Yonkers, N.Y.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Gorham</i> ^{Town}		<i>Baltimore</i> ^{County}		<i>Med</i> ^{MARYLAND}	
Date of death	<i>1909</i> ^{Year}	<i>Jan</i> ^{Month}	<i>13</i> ^{Day}	Age <i>24</i> ^{Years}	Months <i>-</i> Days <i>-</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>not known</i>		
Occupation <i>Student</i>	Where Residing if not at place of death <i>227 W Fayette</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>none</i>				
Father's Name <i>Unknown</i>	Father's Birthplace <i>Russia</i>				
Mother's Maiden Name <i>Unknown</i>	Mother's Birthplace <i>Russia</i>				
Name of person giving information			How related to deceased		

CAUSES OF DEATH

68

PHYSICIAN
OR CORONER

Primary <i>Acute Manic / Excitement</i>	How long <i>4 days</i>
Immediate <i>Exhaustion</i>	How long <i>4 days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>W. J. Barnwell</i>
<i>Yes</i>	Address <i>2 W 25th St</i>
Accident or Suicide? <i>-</i>	<i>Baltimore</i>

J. Ahrens & Co
1607 Madison Ave
Baltimore

Brooklyn
N.Y.

Mid.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full *Clara Soter* Town *Highlandtown* County *Balto* MARYLAND

Died at *Highlandtown*

Date of death *1909* Month *Jan* Day *8* Age *69* Years Months Days

Sex *Female* Color or Race *white* Birth-place *Germany*

Occupation *Housewife* Where Residing if not at place of death *—*

Married, Single or Widowed *widow* Name of Wife or Husband *Stephen Soter*

Father's Name *Adam Kelm* Father's Birthplace *Germany*

Mother's Maiden Name *Eva Kemp* Mother's Birthplace *Germany*

Name of person giving information *Clara Scarwatt* How related to deceased *daughter*

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary *Val Disease Heart* How long *1 year to my knowledge*

Immediate *Embolism* How long

Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *C. N. Meyer*

Address *3200. Hudson St*

Accident or Suicide? *—*

G. Fink & Son. —

Holy Redeemer Cem.

Jan 11/09

Name in Full *Eleanora Lewis*

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hamilton</i> ^{Town}		<i>Balto.</i> ^{County}		MARYLAND	
Date of death <i>1909</i>	Month <i>June</i>	Day <i>15</i>	Age	Years	Months <i>12</i> Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Hamilton Balto.</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>Hamilton Md</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>Charles S. Lewis</i>			Father's Birthplace <i>Harford & Md</i>		
Mother's Maiden Name <i>Bertha E. Heinicke</i>			Mother's Birthplace <i>Balto Md</i>		
Name of person giving information <i>Mr. Charles S. Lewis</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

92

PHYSICIAN
OR CORONER

Primary <i>Influenza Pneumonia</i>	How long <i>4 days</i>
<i>asthenia</i>	How long <i>—</i>
Immediate	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>[Signature]</i>
	Address <i>1414 E. Bay St. Balto. Md</i>
Accident or Suicide? <i>no</i>	

David Ridge Cemetery

Henry Horckel Sr

Name
in
Full

Edward H. Stockett

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} 21 S. East Ave. ^{County} Hylandtown Balto.

MARYLAND

Date of death 1909 Jan. 20 Age 40 Months 10 Days 18

Sex Male Color or Race white Birth-place Maryland

Occupation Brick Layer Where Residing if not at place of death 21 S. E. Ave.

Married, Single or Widowed married Name of Wife or Husband Eleanor E. Stockett

Father's Name James Stockett Father's Birthplace Maryland

Mother's Maiden Name Ellen Mcburdy Mother's Birthplace "

Name of person giving information Mrs. E. E. Stockett How related to deceased Wife

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary Aortic Stenosis How long ? 7 weeks.

Immediate Cardiac Dilatation How long ? acute 48 hours.

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Harry E. Algie

340 Roland Ave.

Accident or Suicide?

Interment at Loudon Park,
Jan. 22, 1909

Horace Burgee
Undertaker.

W. A. McClanahan

Name in Full		Phillipine Strumty				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at	Westport ^{Town}		Baltimore ^{County}		MARYLAND		
	Date of death	1909	Month 1	Day 22	Age 76	Months 5	Days	
	Sex	Female		Color or Race	White		Birth-place	Germany
	Occupation	Housewife			Where Residing if not at place of death			
	Married, Single or Widowed				Name of Wife or Husband			
				August Strumty				
	Father's Name	Unknown			Father's Birthplace			Germany
Mother's Maiden Name	Unknown			Mother's Birthplace			Germany	
Name of person giving information	Wm Strumty			How related to deceased			Son	
CAUSES OF DEATH		41						
PHYSICIAN OR CORONER	Primary	Cancer of Mesentery				How long	3 mo	
	Immediate	Exhaustion				How long		
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician			
					Address			
Accident or Suicide?				25 Wall Mt Vernon				

Fred Will

Western Cemetery.

Name
in
Full

Frederick Strohecker

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Highlandtown* Town *Baltimore* County *MARYLAND*

Date of death 190*9* Month *Jan* Day *22* Age *46* Years *4* Months *0* Days

Sex *Male* Color or Race *white* Birth-place *Balto Md*

Occupation *Foreman* Where Residing if not at place of death *3225 Foster Ave*

Married, Single or Widowed *Married* Name of Wife or Husband *Anna Strohecker*

Father's Name *George Strohecker* Father's Birthplace *Germany*

Mother's Maiden Name *Theresa Braunschweig* Mother's Birthplace *Germany*

Name of person giving Information *Wife* How related to deceased *wife*

CAUSES OF DEATH

Primary *Tuberculosis Pulmonary* How long *6 mth.*

Immediate *Cardiac Exhaustion* How long *4 days*

Are the name, age, sex, color, date and place correctly given above?

yes

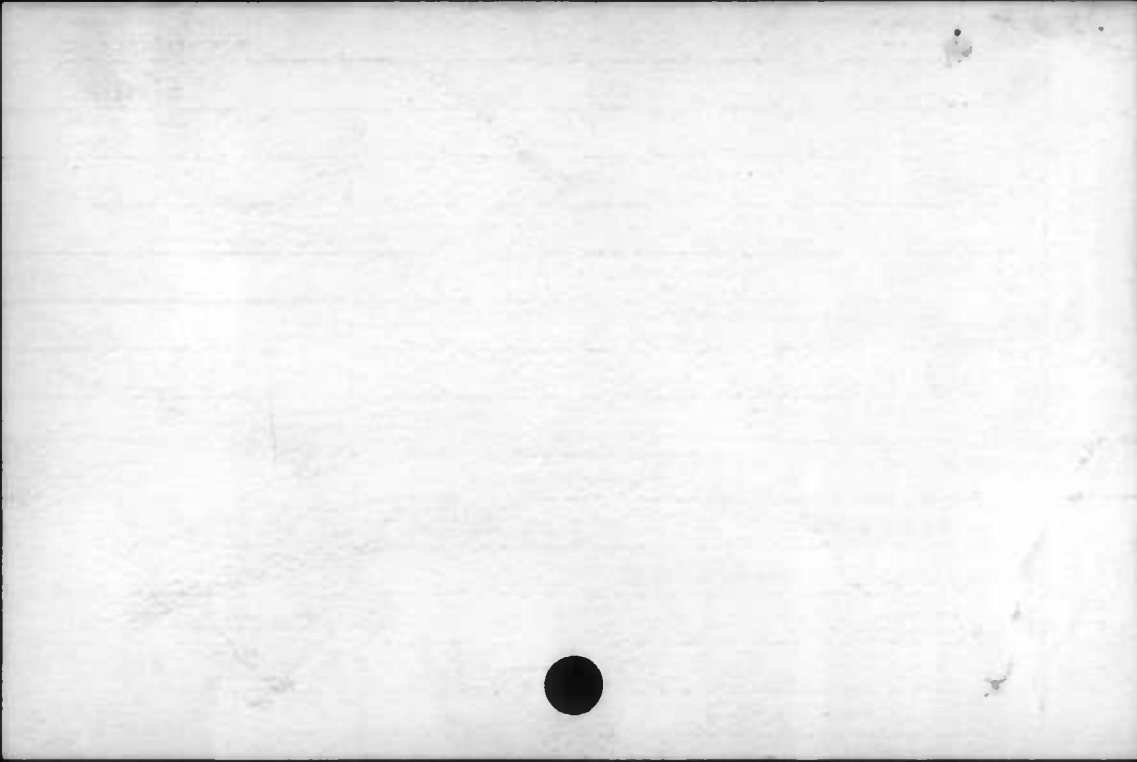
Signature of Physician

Address

*A. L. Pumbleton M.D.**2013 Bank St.
Balto Md*

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Back River</i> ^{Town} <i>Baltimore</i> ^{County}		MARYLAND	
Date of death <i>1909</i> ^{Month} <i>Dec</i> ^{Day} <i>31</i>	Age <i>7</i> ^{Years}	<i>Still Born</i> ^{Months}	<i>Still Born</i> ^{Days}
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Ma</i>	
Occupation <i>none</i>	Where Residing if not at place of death <i>Back River</i>		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband		
Father's Name <i>Geo. T. Swayne</i>	Father's Birthplace <i>Ma</i>		
Mother's Maiden Name <i>Margaret A. Durham</i>	Mother's Birthplace <i>Ma</i>		
Name of person giving information <i>Geo. T. Swayne</i>	How related to deceased <i>father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long <i>8</i>
Immediate <i>Still Birth</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>G. V. Wallace</i>
	Address <i>Rockville</i>
Accident or Suicide?	

R Sandw & Sons
Mt. Carmel Conn
Jan 2 1909

Name
in
Full

Thorwald J. Tallaksen

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Banton</i>		County <i>Balt</i>		MARYLAND	
Date of death		190	9	Month	1	Day	30
Age		36		Years		Months	
Sex		Male		Color or Race		White	
Occupation		Stevedor		Birth-place		Norway	
Where Residing if not at place of death		1503 S. First					
Married, Single or Widowed		Married		Name of Wife or Husband		Kate Tallaksen	
Father's Name		Unknown		Father's Birthplace		Norway	
Mother's Maiden Name		Unknown		Mother's Birthplace		" "	
Name of person giving Information		Leo Tallaksen		How related to deceased		Uncle	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Pulmonary tuberculosis</i>	How long	<i>One year,</i>
Immediate	<i>Cardiac asthma</i>	How long	<i>1 week,</i>
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		<i>W. E. McClanahan M.D.</i>	
Address		<i>619 S. Clinton St., Highlandtown Md.</i>	
Accident or Suicida		<i>—</i>	

27

Anatomical Board
Johns Hopkins Hosp
Herwig Jan

2/2/09

Name in Full		Joseph D. Tighe				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Borans		County		BALTO	
	Date of death		1909		Month		Jan	
	Day		5th		Age		30	
	Sex		Male		Color or Race		White	
	Occupation		Clerk		Birth-place		Baltimore	
	Where Residing if not at place of death		Yorbo Road near Hmelodix		Months		Days	
	Married Single or Widowed		Single		Name of Wife or Husband			
	Father's Name		Thos. Tighe		Father's Birthplace		Ireland	
Mother's Maiden Name		Mary Delaney		Mother's Birthplace		Ireland		
Name of person giving information		Father		How related to deceased		Father		
				CAUSES OF DEATH		(27)		
PHYSICIAN OR CORONER	Primary		Pulmonary T. B		How long		about two yrs	
	Immediate		Exhaustion		How long		about two weeks	
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		W. L. Burke M.D.			
			Address		304 2 Hudson St			
	Accident or Suicide?							

Chas F. Evans
118 N. Mt. Royal St.

Thursday 9 a.m.

St. Mary's Cemetery

Scranton

4 sons from
Scranton area

Thursday

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Josias Bernard Todd</i>		Town <i>Patapsco Neck</i>		County <i>Baltimore</i>		State <i>MARYLAND</i>	
Died at <i>Patapsco Neck</i>		Month <i>Jan</i>		Day <i>17</i>		Years <i>68</i>	
Date of death <i>1909 Jan 17</i>		Age <i>68</i>		Months <i>—</i>		Days <i>—</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth- place <i>Balto Co.</i>			
Occupation <i>Farmer</i>		Where Residing if not at place of death <i>Patapsco Neck</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Richard M. Todd</i>		Father's Birthplace <i>Balto Co.</i>					
Mother's Maiden Name <i>Isabelle</i>		Mother's Birthplace <i>"</i>					
Name of person giving Information <i>Mr Hesse</i>		How related to deceased <i>Cousin</i>					

CAUSES OF DEATH

92

PHYSICIAN
OR CORONER

Primary <i>Broncho-Pneumonia</i>	How long <i>8 Days.</i>
Immediate <i>Cardiac failure</i>	How long <i>1</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>Dr. J. A. Blantz</i>
	Address <i>3241 Eastern Ave.</i>
Accident or Suicide	

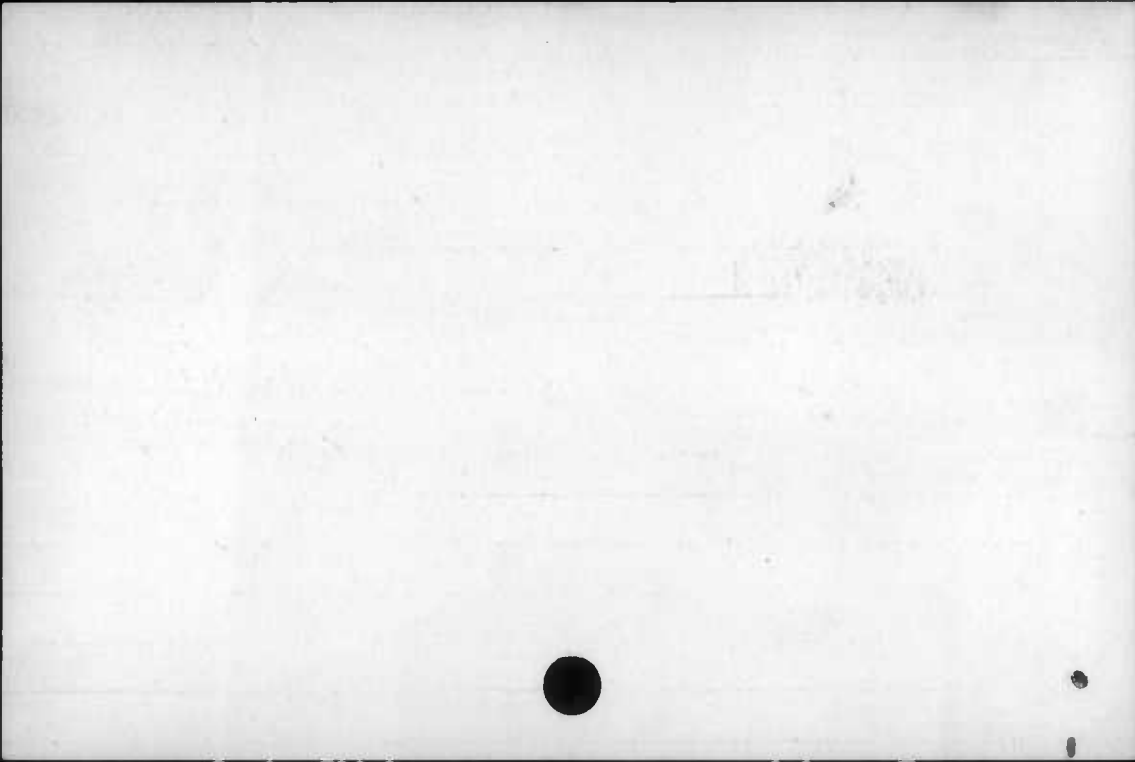
T. B. Todd Private Burial Ground

Jan 19th 1909

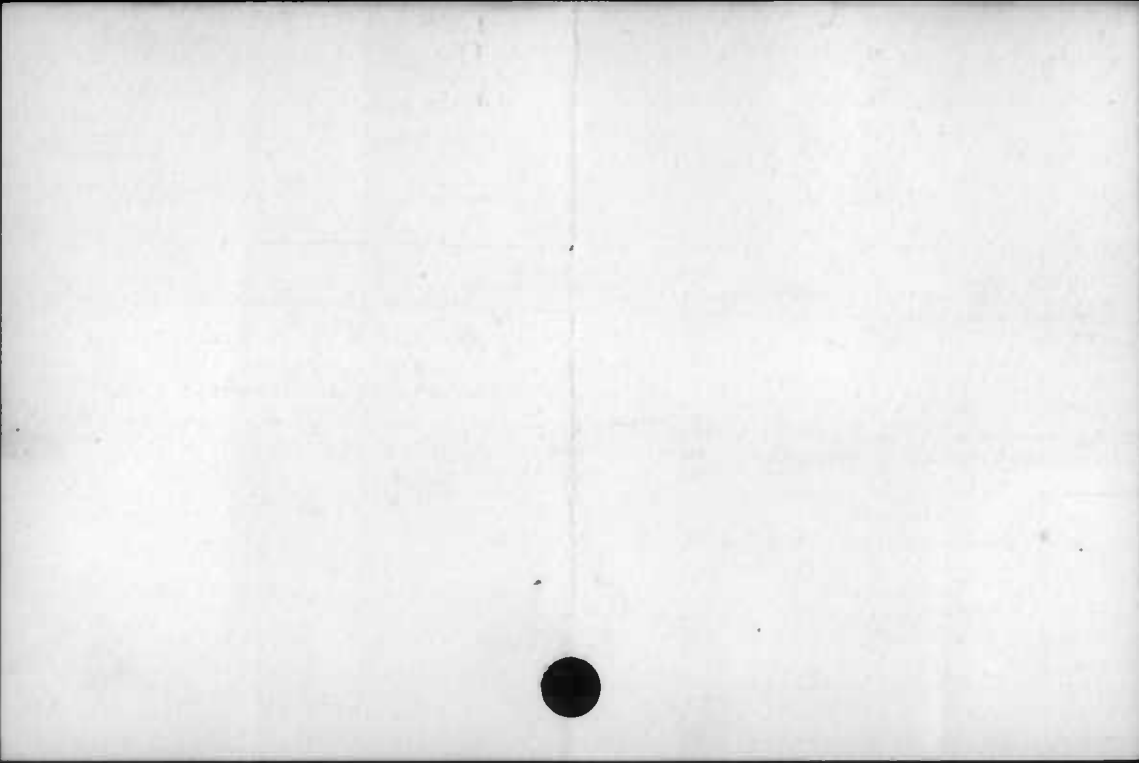
H Nicolano & Son

1820 Canton Ave

Name in Full		Town				County		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Greenwood</i>				<i>Baltimore</i>		MARYLAND			
		Date of death <i>1909</i>		Month <i>Jan</i>	Day <i>30</i>	Age <i>46</i>	Years <i>✓</i>	Months <i>✓</i>	Days <i>✓</i>		
		Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>unknown</i>					
		Occupation <i>laborer</i>				Where Residing if not at place of death <i>same</i>					
		Married, Single or Widowed <i>unknown</i>		Name of Wife or Husband <i>unknown</i>							
PHYSICIAN OR CORONER		Father's Name <i>unknown</i>				Father's Birthplace <i>unknown</i>					
		Mother's Maiden Name <i>unknown</i>				Mother's Birthplace <i>unknown</i>					
		Name of person giving information <i>coroner</i>				How related to deceased <i>none</i>					
		<div>4</div> <div><i>skull crushed</i></div> <div>CAUSES OF DEATH</div> <div>166</div>									
PHYSICIAN OR CORONER		Primary <i>accident-falling of a barrel</i>				How long <i>instantly</i>					
		Immediate <i>accident</i>				How long <i>instantly</i>					
		Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>				Signature of Physician <i>J. F. H. Gonsuch</i>					
						Address <i>Fork Md.</i>					
		Accident or Suicide?									



Name in Full Thos. G Veit		Town Brownlandville		County Balto.		<input checked="" type="checkbox"/> CERTIFICATE OF DEATH MARYLAND	
Died at		Date of death		Age		Months Days	
Date of death 1909 Month 2 1 Day 29		Sex Male Color or Race White		Birthplace Brownlandville Occupation _____		Where Residing if not at place of death _____	
Married, Single or Widowed _____ Name of Wife or Husband _____		Father's Name Henry H Veit Mother's Maiden Name Maggie Bell Name of person giving information Maggie Bell		Father's Birthplace Minn. Mother's Birthplace Texas, Md How related to deceased Mother			
TO BE ANSWERED BY NEAREST FRIEND 2		CAUSES OF DEATH 179					
PHYSICIAN OR CORONER 1		Primary Immediate Unknown Are the name, age, sex, color, date and place correctly given above? Yes No.		How long How long Lived 9 hours Signature of Physician Dr. T. C. Bussay Address Texas Md			
Accident or Suicide? No.							



Name
in
Full

George Vollman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Towson</i>		County <i>Baltimore</i>		MARYLAND	
Date of death	1909	Month	January	Day	15
Age		21		Months	—
Sex	male	Color or Race	white	Birth-place	Baltimore Md
Occupation	Clerk		Where Residing if not at place of death 1373 Battery Ave		
Married, Single or Widowed	Single	Name of Wife or Husband ✓			
Father's Name	Mr. Vollman			Father's Birthplace	Germany
Mother's Maiden Name	✓			Mother's Birthplace	Germany
Name of person giving information	Chas A. S. Rohde			How related to deceased	n

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	<i>Pulmonary tuberculosis</i>	How long	<i>Two years</i>
Immediate	<i>Exhaustion</i>	How long	<i>one week</i>
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		<i>A. W. Forker M.D.</i>	
Address		<i>Towson, Md.</i>	
Accident or Suicide?		No	

Mrs Andrew Rhode & Son
730 Penna Ave
Baltimore Md

Burial
in Baltimore County

Name in Full		Zetillia Kate Walker				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town Catonsville	County Baltimore	MARYLAND		
		Date of death		Month 9 Jan'y	Day 25 th	Years 62	Months 	Days
		Sex		Female		Color or Race	White	
		Occupation		Seamstress		Birth-place	Maryland	
		Where Residing if not at place of death		Maryland Hospital for Insane				
		Married, Single or Widowed		Single		Name of Wife or Husband	(Single)	
		Father's Name		John Walker		Father's Birthplace	Ohio -	
Mother's Maiden Name		Susan Radcliffe		Mother's Birthplace	England			
Name of person giving information		Mrs Annie Johnson		How related to deceased	Cousin			
		CAUSES OF DEATH				120		
PHYSICIAN, OR CORONER		Primary		Chronic Bright's Disease		How long 10 years		
		Immediate		Uraemia, Fracture of Humerus		How long 4 days		
		Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician R. Edw. Garrett		
		Address Md. Hospital for Insane Catonsville, Md						
Accident or Suicide?		No.						

Easton & Sons
St. John's Cemetery

Name
in
Full

Mr. John S. Ward

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Harrisonville</u> <small>Town</small>		<u>Baltz</u> <small>County</small>		MARYLAND	
Date of death	<u>1909</u>	Month <u>Jan</u>	Day <u>8</u>	Age <u>36</u>	Months <u>8</u> Days <u>2</u>
Sex <u>male</u>	Color or Race <u>white</u>		Birth-place <u>Ind</u>		
Occupation <u>Physician</u>	Where Residing if not at place of death <u>Same</u>				
Married, Single or Widowed <u>married</u>	Name of Wife or <u>May Ward</u>				
Father's Name <u>Joe S Ward</u>	Father's Birthplace <u>Ind</u>				
Mother's Maiden Name <u>May J. Wells</u>	Mother's Birthplace <u>Ind</u>				
Name of person giving information <u>Joe W. Hooper</u>	How related to deceased <u>Nephew</u>				
CAUSES OF DEATH					
Primary <u>Pneumonia</u>				How long <u>5 days</u>	
Immediate <u>Cardiac Arrest</u>				How long <u>few hours</u>	
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>				Signature of Physician <u>Dr. J. Hooper</u>	
				Address <u>Franklin</u>	
Accident or Suicide? <u>—</u>				<u>Ind</u>	

PHYSICIAN
OR CORONER

Armstrong Lumber Co
London Park Bait Co.

Name in Full		Lannie Ware				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town	County	MARYLAND			
		Hullsville		Balto					
		Date of death	1909	Month	1	Day	14	Age	54
						Months	8	Days	
		Sex	Female	Color or Race	White	Birth-place	Ind		
		Occupation	House wife	Where Residing if not at place of death					
		Married, Single or Widowed	<input checked="" type="checkbox"/> Married	Name of Wife or Husband					
		Randolph Ware							
		Father's Name				Father's Birthplace			
		Theodore Owings				England			
		Mother's Maiden Name				Mother's Birthplace			
		Lannie Owings				Ind			
		Name of person giving information				How related to deceased			
		Lannie Brown				Daughter			
9		CAUSES OF DEATH				43			
PHYSICIAN OR CORONER		Primary				How long			
		cancer of breast				5 months			
		Immediate				How long			
		exhaustion.							
		Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician			
						2632 Bee			
						Address			
						1111 1111 1111			
		Accident or Suicide?							

Geo. Dineen
Lorraine Cemetery.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at 3319 <small>Town</small> Hudson St <small>County</small> Balto		MARYLAND	
Date of death 1909 <small>Month</small> Jan <small>Day</small> 36 <small>Years</small> 38 <small>Months</small> — <small>Days</small> —	Sex Male	Color or Race White	Birth-place Va
Occupation Laborer	Where Residing if not at place of death Same		
Married, Single or Widowed Married	Name of Wife or Husband Emma Waymache		
Father's Name Unknown	Father's Birthplace Unknown		
Mother's Maiden Name Unknown	Mother's Birthplace Unknown		
Name of person giving information Emma Waymache	How related to deceased Wife		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Paralysis	How long 66
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician Coroner W. S. Sudler
	Address 3336 E. Ball St
Accident or Suicide?	

Wendell Dippel & Son,
330 S. Bond St. —

Manchester —
Va. Shippeel.

Jan. 28/09

Name
in
Full

Donald Morris Burton Ways

CERTIFICATE OF DEATH

Died at Calumet

Town

Baltimore

County

MARYLAND

Date of death 1909 Jan

Day

25

Age

Years

9

Months

3

Days

10

Sex

Male

Color or
Race

White

Birth-
place

Howard Co Md

Occupation

None

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

Morris Burton Ways

Father's
Birthplace

Maryland

Mother's
Maiden Name

Daisy Sophia Umbaugh

Mother's
Birthplace

Howard Co Md

Name of person giving
information

Daisy S. Umbaugh

How related
to deceased

Mother

CAUSES OF DEATH

92

Primary

Broncho Pneumonia

How long

1 week

Immediate

Exhaustion

How long

"

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Dr. C. L. Macfield

Address

Calumet Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Maria L. Weatherley</i>		Town <i>Govanstown</i>		County <i>Baltimore</i>		STATE <i>MARYLAND</i>	
Died at <i>Govanstown</i>		Month <i>Jan</i>		Day <i>1st</i>		Years <i>76</i>	
Date of death <i>1909 Jan 1st</i>		Age <i>76</i>		Months <i>11</i>		Days <i>26</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Md</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>Govanstown</i>					
<input checked="" type="checkbox"/> Married, Single <input checked="" type="checkbox"/> Widowed		Name of Wife or Husband <i>James W. Weatherley</i>					
Father's Name <i>Perregine Ringgold</i>		Father's Birthplace <i>Md</i>					
Mother's Maiden Name <i>Mary Cor</i>		Mother's Birthplace <i>Md</i>					
Name of person giving information <i>John Ringgold</i>		How related to deceased <i>Nephew</i>					

CAUSES OF DEATH

119

PHYSICIAN
OR CORONER

Primary <i>Rheumatism</i>	How long <i>9 years</i>
Immediate <i>Bright's Disease</i>	How long <i>Two weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. A. Fickling</i>
	Address <i>1307 N. Charles</i>
Accident or Suicide?	

St Mary's Cemetery
Govanstown
Jan 4th 1909

H. C. Widefield
914 Greenmount Ave

Name
in
Full

Anne Louisa West

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at <i>North Branch</i> <small>Town</small>		<i>Baltimore</i> <small>County</small>	
Date of death <i>1909 Jan 14</i>	<i>1909</i> <small>Year</small>	<i>76</i> <small>Months</small>	<i>17</i> <small>Days</small>
Sex <i>Female</i>	Color or Race <i>white</i>	Birthplace <i>Westminster</i>	
Occupation <i>Housewife</i>	Where Residing if not at place of death <i>North Branch</i>		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Henry West</i>		
Father's Name <i>John Barnes</i>	Father's Birthplace <i>Westminster</i>		
Mother's Maiden Name <i>not known</i>	Mother's Birthplace <i>Westminster</i>		
Name of person giving information <i>RH Triplett</i>	How related to deceased <i>Grandmother</i>		

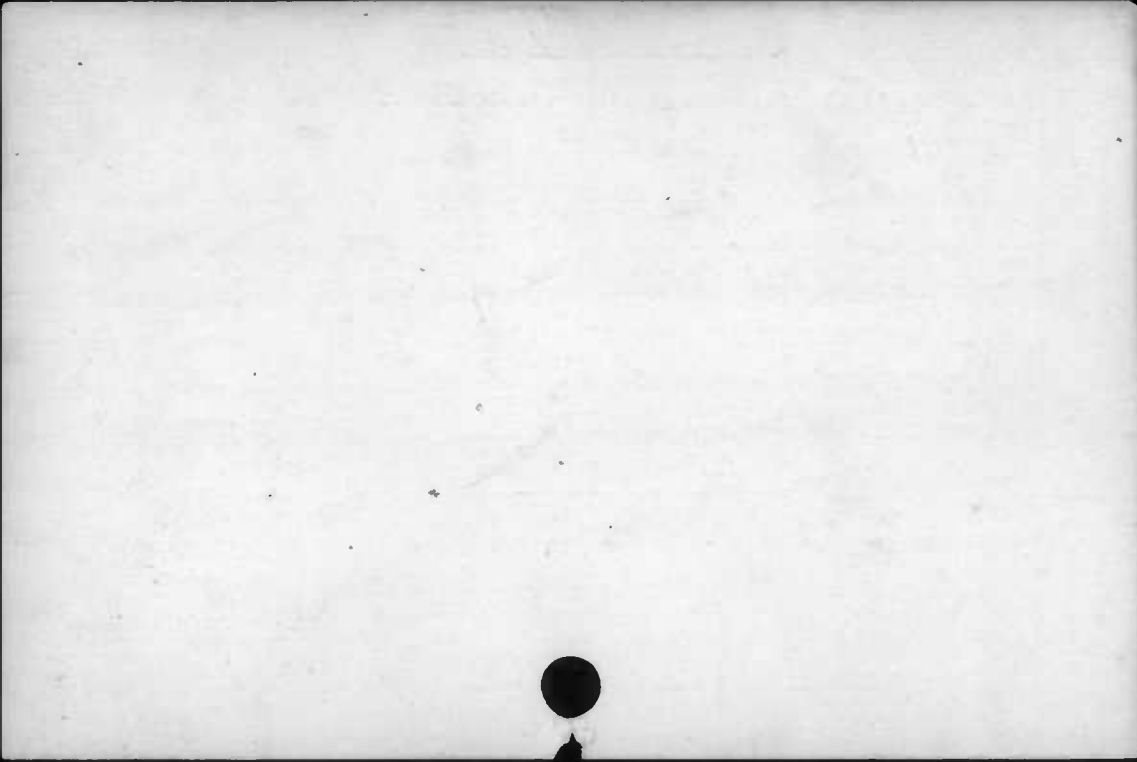
4

CAUSES OF DEATH

90

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>10 days</i>
Immediate <i>Cardiac Asthenia</i>	How long <i>4 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Wm S. Sargent</i>
	Address <i>Rocky Hill Baltimore</i>
Accident or Suicide? <i>no</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Peter Wheeler

Town

County

Died at

Lansdowne P.O. Balto Co

MARYLAND

Date

Month

Day

Years

Months

Days

of death

1909 Jan

26th

Age

62

Sex

Male

Color or
Race

white

Birth-
place

Newfoundland

Occupation

Laborer

Where Residing if not
at place of death

Lansdowne P.O.

Married, Single
or Widowed

Married

Name of Wife or
Husband

Sophia W Wheeler

Father's
Name

Unknown

Father's
Birthplace

Newfoundland

Mother's
Maiden Name

Unknown

Mother's
Birthplace

" "

Name of person giving
Information

Sophia Wheeler

How related
to deceased

wife

CAUSES OF DEATH

27

Primary

Tuberculosis

How long

5 months

Immediate

Exhaustion

How long

1 week

Are the name, age, sex, color, data
and place correctly given above?

yes

Signature of
Physician

Russell

Address

Out rooms
mch 13

Accident or Suicida

PHYSICIAN
OR CORONER

Wm Book

Undertaker

502 E. North Ave

will bury in

Western Cem

Name
in
Full

Wm L. Wheeler

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Philadelpia</i> ^{Town} <i>Ind</i> ^{County} <i>Calto</i>		MARYLAND	
Date of death <i>1904</i> ^{Month} <i>Jan</i> ^{Day} <i>1</i> ^{Years} <i>Age 76</i>	^{Months} <i>—</i> ^{Days} <i>—</i>		
Sex <i>male</i>	Color or Race <i>White</i>	Birth-place <i>Calto Co.</i>	
Occupation <i>Farmer</i>	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband <i>Mary L. Ensor</i>		
Father's Name <i>Benf. Wheeler</i>	Father's Birthplace <i>Calto Co</i>		
Mother's Maiden Name <i>Ann. Bond</i>	Mother's Birthplace <i>Calto Co</i>		
Name of person giving information <i>Emory Price</i>	How related to deceased <i>Son-in-law</i>		

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary <i>Initial regurgitation of heart</i>	How long <i>9 years</i>
Immediate <i>Pulmonary Embolism</i>	How long <i>7 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Wm L. Hummer</i>
	Address <i>Glenora Ind</i>
Accident or Suicide?	

Interment at Bosley's
Cemetery Sunday Jan
3rd.

W. C. Brooks

Name
in
Full

John Wheeler

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

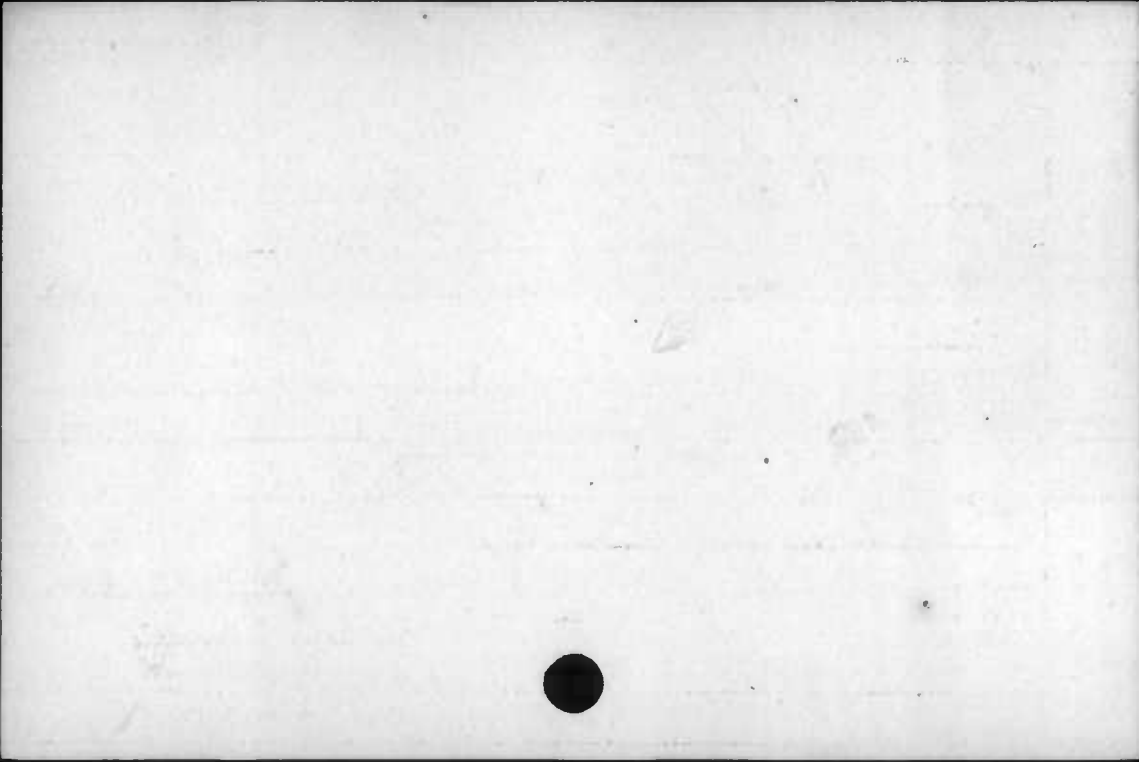
Died at		Town Mt Hope Retreat		County Baltimore		MARYLAND	
Date of death	1909	Month Jan	Day 27	Years 80	Months Not Known	Days Not Known	
Sex	Male		Color or Race	White		Birth place	Delaware
Occupation	Retired Builder			Where Residing if not at place of death Washington D.C.			
Married, Single or Widowed	Single		Name of Wife or Husband Not Known				
Father's Name	Not Known				Father's Birthplace	Not Known	
Mother's Maiden Name	" "				Mother's Birthplace	" "	
Name of person giving In formation	Rec'd as Mt Hope Retreat				How related to deceased	Not at all	

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	Senile & fatty Degra - Heart		How long	For abt 1 year
Immediate	Ex - Hypertensive Congestive Lung		How long	
Are the name, age, sex, color, date and place correctly given above		Yes	Signature of Physician Frank J. Flannery	
			Address Mt Hope Retreat	
			Baltimore Md -	
Accident or Suicide?				



Name
in
Full

Grace Herman Wier

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Lutherville</u> <small>Town</small>		<u>Baltimore</u> <small>County</small>		MAYLAND	
Date of death	1909	Month	January	Day	5
Age	31	Years		Months	6
Sex	Female	Color or Race	White	Birth-place	Maryland
Occupation	Housewife		Where Residing if not at place of death <u>Lutherville</u>		
Married, Single or Widowed	Name of Wife or Husband <u>Robert Ellicott Wier</u>				
Father's Name	<u>Emmanuel Herman</u>		Father's Birthplace	<u>Penna</u>	
Mother's Maiden Name	<u>Sarah M. Weiser</u>		Mother's Birthplace	<u>Penna</u>	
Name of person giving Information	<u>Robert Ellicott Wier</u>		How related to deceased	<u>Brother</u>	

CAUSES OF DEATH

43

PHYSICIAN
OR CORONER

Primary	<u>Carcinoma of the left Breast</u>	How long	<u>More than 1 year</u>
Immediate	<u>Carcinoma</u>	How long	<u>Gradually during for some weeks</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>Thomas Robinson</u>
Address	<u>19 W. 3rd St. Baltimore, Md.</u>		
Accident or Suicide			

Stewart & Mowen Co
Funeral Directors
215 - Park Ave
for Interment in
Prospect Hill Cemetery
January - 7th / 09.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Catherine Williams</i>		Town <i>Lauraville</i>		County <i>Balto</i>		MARYLAND	
Died at <i>Lauraville</i>		Month <i>1</i>		Day <i>31</i>		Years <i>65</i>	
Date of death <i>1909</i>		Month <i>1</i>		Day <i>31</i>		Age <i>65</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birthplace <i>Germany</i>			
Occupation <i>housewife</i>		Where Residing if not at place of death <i>Lauraville Balto Co</i>					
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>James Williams</i>					
Father's Name <i>Frank Rice</i>		Father's Birthplace <i>Germany</i>					
Mother's Maiden Name <i>Annie Brown</i>		Mother's Birthplace <i>Germany</i>					
Name of person giving Information <i>Edward B. Williams</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>8 days</i>
Immediate <i>Heart Failure</i>	How long <i>One Day</i>
Are the name, age, sex, color, data and place correctly given above? <i>Yes</i>	Signature of Physician <i>Edmund Darling</i>
	Address <i>Lauraville Md</i>
Accident or Suicide	

W^m Book

Undertaker

502 E. North Ave

Burial in New Cathedral
Cem

Wednesday Feb 3-1909.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Sarah M Wood		Town Wernwood Ave		County Salts Co		State MARYLAND	
Died at Wernwood Ave		Month Jan		Day 1		Years 66	
Date of death 1909		Month Jan		Day 1		Years 66	
Sex Female		Color or Race white		Birthplace A. Co.			
Occupation None		Where Residing if not at place of death Wernwood Ave					
Married, Single or Widowed widow		Name of Wife or Husband not living Francis Wood					
Father's Name Walter Cross		Father's Birthplace An Co.					
Mother's Maiden Name Sarah Cross		Mother's Birthplace An Co					
Name of person giving Information Arvillia Gilland		How related to deceased Daughter					
CAUSES OF DEATH							
80							

PHYSICIAN
OR CORONER

Primary Angina Pectoris		How long 1 year 22 Day	
Immediate ''		How long ''	
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician Chas E. Gaudin M.D.	
		Address 601 Gator Ave	
Accident or Suicide			

Wm Cook

mt Olivet Cemetery

Jan 4. 1909

Name
In Full

Joseph Zellinger

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1909		July	10		-	-	2 1/2
Sex		Color or Race		Birth-place			
Male		white		Balt. Co.			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name				Father's Birthplace			
Philip Zellinger				Balt. City			
Mother's Maiden Name				Mother's Birthplace			
Annie Wachter				Balt. City			
Name of person giving information				How related to deceased			
Philip Zellinger				Father			

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary	Premature Birth (7 1/2 mos)	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician
Yes		E. W. Meyer
		Address
		3200 Hudson St
Accident or Suicide?		

Lilly and Zeiler —

Sacred Heart Con

Jan 10/08,

Name
in
Full

Unknown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		BALTO	
Date of death		190	Month	Day	Years	Age about 20	
Sex		male		Color or Race		White	
Occupation		Unknown		Where Residing if not at place of death		Unknown	
Married, Single or Widowed		Unknown		Name of Wife or Husband		Unknown	
Father's Name		Unknown		Father's Birthplace		Unknown	
Mother's Maiden Name		Unknown		Mother's Birthplace		Unknown	
Name of person giving information		—		How related to deceased		172	

CAUSES OF DEATH

Primary		Accidental Drowning		How long	
Immediate				How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		Address	
		Coroner W. S. Dudley		3336 E. Balto	
Accident or Suicide?		Accident			

.....
Anatomical Board
Johns Hopkins Hosp.

Hernig Sen

Name
in
Full

John T. Amos

X

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Freeland</u> Town		<u>Baltimore</u> County		MARYLAND	
Date of death	1909	Month	January	Day	4
Age	48	Years	3	Months	3
Sex	Male	Color or Race	White	Birth-place	Maryland
Occupation	Farmer		Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband <u>Rose Amos</u>			
Father's Name	<u>Edward Amos</u>		Father's Birthplace	<u>Maryland</u>	
Mother's Maiden Name	<u>Rose Han. Laugherty</u>		Mother's Birthplace	<u>Pennsylvania</u>	
Name of person giving information	<u>Jessie Palmer</u>		How related to deceased		

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	<u>Pulmonary Tuberculosis -</u>	How long	<u>eighty</u> Years
Immediate	<u>Hemorrhage</u>	How long	<u>8</u> days
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>Joseph S. Baedwin</u>
		Address	<u>Freeland R.F. D. #1.</u>
			<u>5th District Baltimore Co.</u>
Accident or Suicide?			